ACTA OTO-LARYNGOLOGICA

SUPPLEMENTUM

XI.

CLINICAL AND EXPERIMENTAL EXAMINATIONS IN PATIENTS SUFFERING FROM MB. MENIÈRI

INCLUDING A STUDY OF THE PROBLEM OF BONECONDUCTION

BY

DIDA DEDERDING

VOL. II

HELSINGFORS 1929
MERCATORS TRYCKERI AKTIEBOLAG

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No. 1. M. born 1901.

Mother treated for melancholy. No. 2 of 3 children, a brother suff. from similar ear complaint to patient's.

Twice under hospital treatment for colitis, keeps diet and takes calcium + bismuth daily. Typical vasomot. rhinit.; watery cold in head suddenly alternating with stopping up of the nose several times a day. ÷ bronchitis. No typical asthma, but short of breath for several days a few months ago. ÷ urticaria. Perspires esp. during attacks. These generally come in the evening, commencing, most frequently, with congest. Not chilly, but often has cold feet. Pronounced weakening of memory during the last year. Never suppuration from ear or pains.

Since November 1927 attacks of giddn., which appear esp. in the evening, are of short duration and now and then gyratory. Since January 1928 pt.'s hearing has varied greatly on both ears, it can change during a day; sometimes very deaf in the morning sometimes in the evening. Deafness can be so severe that pt. cannot hear even when shouted at and, for inst. cannot understand his pupils (teacher); these deaf periods can extend over periods of from a few hours to a week. Pt. is at the same time unsteady. After attacks hearing improves. Before and esp. during the attacks of giddiness pt. suffers from buzz., which are otherwise but slight and most pronounced on left side. Has been treated with catheterization, became giddy by catheterization on left side.

Since January 1928 often pressure on l. ear and tension in l. side of head. Drinks freely, suffers at periods from thirst, also feels very tired and then drinks great quantities of tea and water.

Transf. to Mun. Hosp. Ear Dept. 12/3. 28, from Dept. VI where pt. had been since 6/3 under observation for encephalopathia. Lumb. punct. here gave: cells ⅓, alb. 1, glob. 0. W. R. ÷.
Ophthalmoscopy normal.
Height 170. Weight 57,5. Bloodpr. 150/70.
Aures: Normal. Cav. nasi: Crista on r. side of septum.

$$v\,\frac{20{,}00}{18{,}00}\,a_1M\ (15)\,\frac{7}{8}\,a_1A\ (40)\,\frac{17}{22}\,Li\,\frac{18}{24}\,Ls\,\frac{16500}{15500}$$

÷ sp. nyst. 5 rot $\frac{\rightarrow 30''}{\leftarrow 20''}$ Amylnitr. ⌐ during flush.

14/3: Blood sugar: 0,074.

$$v\,\frac{20{,}00}{20{,}00}\,a_1M\ (15)\,\frac{5}{6}\,a_1A\ (40)\,\frac{26}{19}\,Li\,\frac{21}{24}\,Ls\,\frac{16000}{17000}$$

Rp. Diet with reduced salt and fluid. Scotch douche. Gymnastics.

19/3: $v\,\frac{20{,}00}{20{,}00}\,a_1M\ (15)\,\frac{5}{6}\,a_1A\ (40)\,\frac{32}{25}\,Li\,\frac{23}{26}\,Ls\,\frac{16000}{16000} \div$ buzz.

26/3: $v\,\frac{20{,}00}{20{,}00}\,a_1M\ (15)\,\frac{6}{7}\,a_1A\ (40)\,\frac{26}{30}\,Li\,\frac{22}{24}\,Ls\,\frac{16000}{16000} \div$ buzz.

Discharged.

No. 2. M. born 1876.

Father died 40 years old of tub. pulm. Mother healthy, died when 72. No. 2 of 2 children. Operated on for sinuitis in 1925. Always constipated but worst in winter. Several attacks of lumbago and rheumatism in shoulders. Hands and feet always cold, fingers often white and dead. Cannot bear cold douche. Perspires easily, drinks a great quant. of boiled water. Once urticaria after eating strawberries. + vasomotor rhinitis. Hearing on l. ear bad for a time when pt. was 13, after having gone about with cotton wool in ear on account of toothache; no suppuration. Afterw. pt.'s hearing on this ear was unusually good for a time, but has later gradually disapp. Hearing on r. ear has varied during last 5—6 years with daily variations, bad in the mornings, worse from 14—15 o'clock with subsequent improvement, hearing being much better in the evening than in the morning. Besides this daily varying a decrease of hearing has been observed directly after and during steam bath and during fatiguing excursions during which pt. perspired.

Sensation of closure when hearing is bad. Sounds in the ears vary greatly and are quite fortuitous. Pt. cannot place them in connection either with hearing or giddiness.

First attacks of giddiness 22 years ago; felt as if he were drunk. Attacks lasted 15—20—30 minutes, appearing with long intervals in the course of a year; disapp. then entirely until a few years ago, when they reappeared as quite slight and brief attacks when pt. had colds. Last 6—8 months 12—14 severe attacks. Rotation, as a rule, from l. to r., but has also been observed from r. to l. and once the direction changed at the end of the attack. Last attack lasted 24 hours. Attacks often accomp. by nausea and vomit., after which hearing improves. Pt. can himself produce distinct attacks of giddn. by putting his finger into his r. ear. Often giddy when he blows his nose.

Treated several times for bilat. obstinate tubal stenosis. Once migraine, otherwise no headache.

Mun. Hosp. Ear Policl. 25/5-28. Sp. nyst. ⇄.

$$v\ \frac{2{,}00}{0}\ V\ \frac{}{0{,}10}\ a_1M\ \frac{0}{0}\ a_1A\ \frac{18}{15}\ Li\ \frac{45}{90}\ Ls\ \frac{12000}{9000}$$

Adm. Ear Dept. 29/5-28. Height 171. Weight 68,5. Bloodpr. 110. Aures: Normal.

$$v\ \frac{4{,}00}{aa\text{-}0{,}05}\ a_1M\ \frac{0}{0}\ a_1A\ \frac{22}{12}\ Li\ \frac{40}{140}\ Ls\ \frac{11000}{7000}$$

÷ sp. nyst. On compression with a finger in r. ear distinct ⇆, also by repeated experiment. Amylnitr. during flush ⇆, during fading ÷. Buzz. unchanged.

Only indications of subcut. infiltr. on crura and inner side of femora.

Rp. Diet with reduced salt and fluid.
Finsen Light. Gymnastics.

7/6: Salyrgan expm. No. 1. (Vol. I, pag. 42).

9/6: $v\ \frac{12{,}00}{0{,}05}\ a_1M\ \frac{6}{6}\ a_1A\ \frac{17}{14}\ Li\ \frac{28}{70}\ Ls\ \frac{16000}{8500}$

Rp. Granula Dioscoridis.

11/6: $v\ \frac{2{,}00}{aa}\ a_1M\ \frac{0}{0}\ a_1A\ \frac{13}{13}\ Li\ \frac{36}{130}\ Ls\ \frac{15000}{7500}$ Weight 67,0 (+ 500 gr.).

15/6: On waking this morning was as deaf that he could not hear when spoken to. Hearing improved after 1 $^1/_2$ hrs. Very giddy on blowing nose, also if finger placed in r. ear. No thirst. Weight 68,2, has increased 1,2 kilo in 3 days.

Salyrgan expm. No. 77. (Vol. I, pag. 73).

19/6: $v\ \frac{0{,}05}{aa}\ a_1M\ \frac{0}{0}\ a_1A\ \frac{9}{11}\ Li\ \frac{90}{150}$ Weight 69,0. No thirst. Hemoglob. 87 %.

20/6: $v\ \frac{0{,}50}{0{,}05}\ a_1M\ \frac{0}{vbr.}\ a_1A\ \frac{8}{18}\ Li\ \frac{50}{120}$ Weight 69,1.

22/6: $v\ \frac{4{,}00}{}$ Discharged.

27/6: $v\ \frac{20{,}00}{aa}\ a_1M\ \frac{7}{5}\ a_1A\ \frac{22}{15}\ Li\ \frac{24}{42}\ Ls\ \frac{17000}{9000}$ Feels well.

No. 3. F. born 1900.

Healthy family. Youngest of 4 healthy children. Hard of hearing from childhood, suff. from pains in her ears, but no discharge at that time. Operated on for adenoids 4 times. Several attacks of pneumonia. During spring of 1920 pt. was stone deaf for 2 months. Deafness developed suddenly in the course of a night without previous warning. Treated twice with catheteriz. without effect. Gave it up on finding, that she was suspected

of hysteria. Hearing increased uniformly without treatment. Pt. has since considered her hearing to be good, but recognises that it varies and is certainly worst in the winter. 1921 right-side middle-ear inflammation with discharge for 2 months. Six months later influenza after which was treated with catheteriz. on account of bilat. buzz. in ears. 1924 again treated with catheteriz. on account of bilat. buzz. and pressure on ears.

Inclined from childhood to giddn. when leaning forward, dancing and suchlike, but no actual attack before Jan. 1926. Since then numerous attacks, at periods daily, lasting from ¼—3 hours. Describes them as sea-sickness. Simultan. vomit. During attacks cyanosis and congestion of face, has feeling of heat.

During periods of frequent giddiness pt. suffers from depression; memory bad, considerable frontal headache and great lassitude. Giddiness and buzzings worst in mornings. Chilly. Never sweats. Has herself noticed scanty diuresis. Passes water only once or twice in 24 hours.

+ obstip. Diarrhoea after lobsters and shrimps. Idiosyncrasia to medinal, chloral and morphium. ÷ urticaria. ÷ exzema. ÷ vasom. rhinitis. Rheumatic pains in shoulders and back of neck. Formerly very stout and has of her own accord gone on reducing diet. Decreased 7,5 kilo during last month, simultan. diminution of buzz. and giddiness. Drinks little. Eats a great deal of salt. Menses sparing, accomp. by premenst. pains, for which in 1919 dilatation of coll. uteri without improvement. Frequent slight rise of temp. about 37,9—38,2.

Adm. Mun. Hosp. Ear Dept. 28/7-26. Strongly built with somewhat puffy appearance, crimson face. On abdomen, femora and nates striæ. Tender infiltr. about malleoli on medial side of femora, on abdomen, over loins and a little over musc. deltoideus and back of neck. Extr. cool and cyanotic.

Height 168. Weight 67,25. Bloodpr. 105. Hemoglb. 90.
Aur. d.: Membr. dull, injected below, much retracted with strong project. of pr. brevis, manubr. and ant. plica mall.
Aur. s.: Membr. much retracted.

$$v\ \frac{1{,}2—2{,}00}{1{,}2}\ a_1M\ (10)\ \frac{10}{9}\ a_1A\ (25)\ \frac{13}{14}\ Li\ \frac{30}{30}\ Ls\ \frac{16552}{16552}\ R\ \frac{+}{+}\ W =$$

Romberg ÷ Stands steady on one leg with eyes closed. ÷ sp. nyst. in diff. head positions.

10 rot. $\frac{\rightarrow 31''}{\leftarrow 31''}$ Cal. (18° 20 ccm) $\frac{17'' \curvearrowright + \text{reversal}}{19'' \curvearrowleft + \text{reversal}}$

29/7: Diuresis $\frac{450}{1034}$ Consumpt. of fluid 1180.

12 o'clock $v\ \frac{1{,}50}{0{,}75}\ a_1M\ (10)\ \frac{8}{6}\ a_1A\ (25)\ \frac{15}{15}\ Li\ \frac{28}{28}\ Ls\ \frac{16552}{16552}\ V\ \frac{20{,}00}{20{,}00}$

16 o'clock $v\ \frac{2{,}50}{2{,}50}\ a_1M\ (10)\ \frac{6}{7}\ a_1A\ (25)\ \frac{14}{20}\ Li\ \frac{23}{24}$

Head bend. to l. ↙ with a single dubiously rotatory jerk. Head bend. to r. ↘. Forw. bend. ÷. Compr. in ext. meatus ÷.

30/7: Diuresis $\frac{500}{1031}$ Fluid consumpt. 800.

Lumb. punct. with evacuation of c. 10 ccm fluid. Pressure 250—280. Cells ⅓.

8 ½ o'clock v $\frac{1{,}00}{0{,}75}$ a_1M (10) $\frac{6}{4}$ a_1A (25) $\frac{14}{13}$ Li $\frac{24}{24}$ Buzz. in both ears, most in l.

15 o'clock v $\frac{1{,}50}{2{,}00}$ a_1M (10) $\frac{5\,^1/_2}{5\,^1/_2}$ a_1A (25) $\frac{13\,^1/_2}{13}$ Li $\frac{22}{23}$ Ls $\frac{1\,6552}{16552}$

31/7: Diuresis $\frac{400}{1034}$. Severe headache. Also nausea and vomit. together with giddn.

v $\frac{0{,}75}{0{,}40}$ a_1M (10) $\frac{7}{6\,^1/_2}$ a_1A (25) $\frac{11}{13}$ Li $\frac{24}{24}$

2/8: Diuresis $\frac{300}{1034}$ Headache, nausea, vomit. and giddn.

Different head positions: ↙.

3/8: Diuresis $\frac{350}{1033}$. Const. headache and giddn. Const. sp. nyst. Face congested; yesterday when pt. was worst face cyanotic; extrm. at same time cool. Pulse 60—64.

v $\frac{100}{1{,}70}$ Rp. sol. sulf. atrop. 1 ‰ gtt. 20.

1 hour later v $\frac{1{,}50}{1{,}00}$ headache, giddn. and buzz. decreased.

Rp. sol. sulf. atrop. gtt. 30.

2 hrs. later v $\frac{2{,}25}{3{,}00}$ a_1M (10) $\frac{6}{7}$ a_1A (25) $\frac{11}{11}$ Li $\frac{26}{26}$ Headache and giddn. decreasing.

4/8: Diuresis $\frac{250}{1037}$ v $\frac{2{,}00}{3{,}00}$ a_1M (10) $\frac{6\,^1/_2}{7}$ a_1A (25) $\frac{11}{12}$ Li $\frac{23}{24}$ Lying on the back: ÷ nyst. On raising ⟲ which continues, when pt. lies down again.

5/8: Diuresis $\frac{300}{1032}$ v $\frac{3{,}00}{2{,}00}$ a_1M (10) $\frac{5}{4}$ a_1A (25) $\frac{9}{8}$ Li $\frac{20}{17}$

6/8: Diuresis $\frac{400}{1026}$ v $\frac{2{,}00}{1{,}50}$ a_1M (10) $\frac{5}{5}$ a_1A (25) $\frac{8}{8}$ Li $\frac{24}{24}$ Ls $\frac{13920}{12400}$ R $\frac{\div}{\div}$

Fluid consumpt. 800. Nyst. ↙ ↓.

7/8: Diuresis $\frac{210 +}{1028}$ Fluid consumpt. 610.

After catheteriz. v $\frac{1,50}{1,50}$ a_1M (10) $\frac{5}{5}$ a_1A (25) $\frac{9}{7}$ Li $\frac{18}{16}$

Rp. Diet with reduced salt.
Universal massage.

8/8: Diuresis $\frac{350}{1034}$ v $\frac{2,50}{2,50}$ a_1M (10) $\frac{5}{5}$ a_1A (25) $\frac{9}{9}$ Li $\frac{19}{18}$

9/8: Diuresis $\frac{350}{1035}$ Fluid consumpt. 1020.

v $\frac{3,00}{2,00}$ Li $\frac{22}{20}$ Nyst. ↙. Both tubes only passable after vibrat. massage in nose.

10/8: Diuresis $\frac{460}{1030}$ Fluid consumpt. 1070. L. tube impass.

Rp. Scotch douche.

13/8: Diuresis $\frac{350}{1031}$ Fluid consumpt. 1260. Attacks of giddn. almost daily.

8 o'clock v $\frac{0,50}{2,50—2,75}$ a_1M $\frac{15}{15}$ a_1A $\frac{60}{62}$ Li $\frac{17}{17}$ Ls $\frac{13500}{13000}$

4 o'clock v $\frac{1,50}{3,00}$ a_1A $\frac{60}{62}$

14/8: Diuresis $\frac{750}{1015}$ Fluid consumpt. 1170.

Rp. Tabl. agurini ctgr 50 × 3.

16/8: Diuresis $\frac{600}{1019}$ Fluid consumpt. 760. Const. attacks of giddn.

v $\frac{2,50}{2,00}$ a_1M $\frac{19}{15}$ a_1A $\frac{65}{62}$ Li $\frac{19}{19}$

19/8: Rp. Incandescent light baths. Gymnastics.

Sweats slightly in armpits whilst under incandescent light.

20/8: Diuresis $\frac{450}{1031}$ Fluid consumpt. 1650.

v $\frac{3,00}{4,00}$ a_1M $\frac{15}{20}$ a_1A $\frac{40}{42}$ Ls $\frac{13920}{13920}$ Li $\frac{21}{20}$

Experimentally inject. of pilocarp.

No perspiration, inconsiderable salivation. Severe headache.

v $\frac{3,00}{2.50}$ a_1M $\frac{20}{20}$ a_1A $\frac{52}{56}$ Li $\frac{24}{26}$

21/8: Diuresis $\frac{350}{1027}$ Fluid consumpt. 700.

v $\frac{20,0}{3,00}$ a_1M $\frac{16}{16}$ a_1A $\frac{59}{59}$ Li $\frac{26}{26}$

24/8: Diuresis $\frac{400}{1028}$ Fluid consumpt. 700. Severe attack of giddn. last night, lasting several hours. After pt. was given sulf. atrop. giddn. almost disapp.

v $\frac{3,00}{5,00}$ a_1M $\frac{16}{17}$ a_1A $\frac{55}{48}$ Li $\frac{22}{22}$

25/8: Diuresis $\frac{450}{1027}$ Fluid consumpt. 600.

v $\frac{8,00}{7,00}$ a_1M $\frac{16}{17}$ a_1A $\frac{57}{50}$ Li $\frac{18}{22}$ Ls $\frac{13920}{13140}$

27/8: Diuresis $\frac{400}{1027}$ Fluid consumpt. 775.

v $\frac{10,00}{8,00}$ a_1M $\frac{17}{19}$ a_1A $\frac{50}{46}$ Amylnitrite: During hyperemia ⇄↘, by following anemia ⇄↙ weak.

28/8: Salyrgan expm. No. 2. (Vol. I, pag. 42).

1/9: Salyrgan expm. No. 72. (Vol. I, pag. 71).

4/9: Diuresis $\frac{350}{1030}$ Fluid consumpt. 1075. v $\frac{1,00}{0,75}$ a_1M $\frac{14}{14}$ a_1A $\frac{48}{45}$

Sep. Agurin; Rp. Finsen light.

6/9: Diuresis $\frac{400}{1030}$ Fluid consumpt. 850. v $\frac{0,75}{0,50}$ a_1M $\frac{17}{13}$ a_1A $\frac{51}{43}$ Li $\frac{19}{20}$

Rp. Digalen ctgr 30 × 3.

9/9: Diuresis $\frac{650}{1625}$ Fluid consumpt. 900. v $\frac{0,75}{0,75}$ a_1M $\frac{12}{13}$ a_1A $\frac{42}{42}$ Li $\frac{22}{22}$

10/9: Diuresis $\frac{950}{1014}$ Fluid consumpt. 1150. v $\frac{2,00}{2,00}$ a_1M $\frac{15}{13}$ a_1A $\frac{48}{45}$

Sp. nyst. ↙.

11/9: Diuresis $\frac{550}{1025}$ Fluid consumpt. 1000. v $\frac{1,50}{1,50}$ a_1M $\frac{15}{15}$ Li $\frac{24}{24}$

12/9: Diuresis $\frac{450}{1030}$ Fluid consumpt. 550. v $\frac{0,75}{0,50}$ Slightly giddy all day. Attack last evening. Inject. of sol. sulf. atrop. 30 ctgr with good result. Buzz. in both ears. Impass. stenosis on l. side.

Sep. Digalen.

Rp. Diuretin ctgr 50 × 4.

15/9: Diuresis $\frac{750}{1024}$ Fluid consumpt. 1400. v $\frac{1,00}{0,75}$ a_1M $\frac{10}{11}$ a_1A $\frac{45}{45}$ Li $\frac{24}{24}$
Const. stenosis.

17/9: Diuresis 1050 Fluid consumpt. 1200. v $\frac{1,25}{1,00}$ a_1M $\frac{14}{14}$ a_1A $\frac{45}{45}$
Const. stenosis.

21/9: Diuresis 550 Fluid consumpt. 1200. v $\frac{1,50}{2,00}$ Stenosis on r. side.

22/9: Diuresis $\frac{450}{1030}$ Fluid consumpt. 1050 Severe attacks of giddn., disapp. after inject. of sol. sulf. atrop. 30 ctgr, but began again 4 hours later. This morning headache and buzz.

v $\frac{1,50}{1,50}$ a_1M $\frac{14}{14}$ a_1A $\frac{50}{40}$ Li $\frac{28}{28}$ Ls $\frac{13000}{13000}$

23/9: Diuresis $\frac{400}{1030}$ Fluid consumpt. 850. v $\frac{1,00}{1,00}$
Sep. Diuretin.

27/9: Diuresis $\frac{1000}{1016}$ Fluid consumpt. 11000. v $\frac{1,75}{1,00}$ Stenosis on r. side.

2/10: Diuresis $\frac{900}{1018}$ Fluid consumpt. 900. v $\frac{0,75}{0,50}$

5/10: Salyrgan expm. No. 29. (Vol. I, pag. 53).

8/10: Diuresis $\frac{700}{1020}$ Fluid consumpt. 800. Dismissed.

No. 4. M. born 1880.

Parents healthy. No. 5 of 6 children. 2 dead from spanish sickness. — Hard of hearing in many years. 19 years old hard of hearing on r. ear. Hearing has diminished gradually, but is varying. Never any discharge or pains. Treated several years since with catheteriz., at same time polyps removed from nose.

Latter years buzz. and noises in head; frontal headache and weakened memory; also attacks of giddn. Attacks always come in the day esp. when working hard, accomp. by vomiting for which reason pt. thinks he is suffering from stomach disease. After meals often giddn. and more severe buzz. Buzz. worst in the morning, as a ringing. Often vasomot. rhinit., after which hearing generally improves.
÷ diplacusis. ÷ pressure on ears. ÷ lassitude. ÷ urticaria. ÷ asthma. During last 10 years rheumatism in shoulders, hips, knees and foot joints. Feet inclined to be cold. Sweats with difficulty. Normal consumpt. of water and salt. ÷ obstipation.

Adm. Mun. Hosp. Ear Dept. 20/5-26. Weight 66,0. Height 165. Blood-pr. 125.

Pt. is pale, looks tired. Arcus senilis.

Aur. d.: Membr. dull, inject. Manubr. perpendicular, much retracted. Aur. s.: Similar conditions but less pronounced. Cav. nasi: Polyps upwards on both sides. No pus.

$$v\,\frac{0}{0{,}25}\;V\,\frac{0{,}10}{---}\;a_1M\;(10)\;\frac{0}{0}\;a_1A\;(25)\;\frac{5}{42}\;Li\,\frac{>150}{28}\;Ls\,\frac{9000}{12000}\;R\,\frac{+}{+}$$

Romberg ÷. Stands steadily on one leg with eyes closed.
÷ sp. nyst. in differ. head position. ÷ Hennebert's Symptom.

10 rot. $\frac{\rightarrow 105''}{\leftarrow 24''}$

Calor 18° $\frac{50''\text{ slow } \rightleftarrows + \text{ reversal}}{30''\text{ normal } \rightleftarrows + \text{ reversal}}$

Subcut. infiltr. on crura, also in gastrocnemius and glutaei on l. side.

22/5: $v\,\frac{0}{0{,}20}\;V\,\frac{0{,}10}{---}\;a_1M\;(10)\;\frac{0}{0}\;a_1A\;(25)\;\frac{0}{12}\;Li\,\frac{>150}{28}\;Ls\,\frac{8500}{11000}$

Bilat. stenosis.

23/5: $V\,\frac{0{,}10}{---}\;v\,\frac{0}{0{,}15}\;a_1M\;(10)\;\frac{6\text{ (vbr.)}}{4\text{ (distinct tone)}}\;a_1A\;(25)\;\frac{5}{15}\;a_1M\;(22)\;\frac{7\text{ (vbr.)}}{6\text{ (tone)}}$

$a_1A\;(105)\;\frac{6}{37}\;Li\,\frac{>150}{24}\;Ls\,\frac{8500}{11500}$

No stenosis.

½ hr. later: $v\,\frac{<aa}{0{,}25}\;V\,\frac{0{,}30}{---}\;a_1M\;(10)\;\frac{7\text{ (vbr.)}}{6}\;a_1A\;(25)\;\frac{0}{15}\;Li\,\frac{>150}{24}$

$Ls\,\frac{8000}{11500}\;a_1A\;(105)\,\frac{8}{55}$

24/5: Severe buzz. $v\,\frac{0}{0{,}15}\;V\,\frac{0{,}15}{---}\;a_1M\;(10)\,\frac{5}{4}\;a_1A\;(25)\,\frac{0}{15}\;a_1M\;(22)\,\frac{vbr.}{0}$

$Li\,\frac{>150}{26}\;Ls\,\frac{8000}{12000}$

L. tuba only passable after adrenalin inject.

½ hr. later: $v\,\frac{0{,}05}{0{,}35}\;a_1M\;(10)\,\frac{6}{6}\;a_1A\;(25)\,\frac{3}{15}\;a_1A\;(105)\,\frac{0}{37}\;Li\,\frac{>150}{23}\;Ls\,\frac{9000}{11000}$

27/5: Lumb. punct.: press. 200, cells 8/3.

28/5: Rp. Pilocarpin in daily increasing dosis.

29/5: $v\,\frac{0{,}10}{0{,}20}\;V\,\frac{0{,}50}{3{,}0\text{—}4{,}0}\;a_1M\;(10)\,\frac{0}{0}\;a_1A\;(25)\,\frac{4}{10}\;a_1M\;(22)\,\frac{0}{0}\;a_1A\;(105)\,\frac{5}{27}$

After adrenalin free passage through tubæ.

1 hr. after inject. of chlor. pilocarp.: v $\frac{0,05}{0,40}$ a_1M (10) $\frac{0}{0}$ a_1A (25) $\frac{0}{13}$ a_1M (22) $\frac{0}{0}$ a_1A (105) $\frac{7}{48}$ Li $\frac{>150}{24}$ Ls $\frac{9000}{12000}$

Considerable rheumatism and frontal headache during last few days. Catheteriz. does not pass on l., with difficulty on r. side.

31/5: v $\frac{aa}{0,10}$ a_1M (10) $\frac{5}{0}$ a_1A (25) $\frac{5}{12}$ a_1M (22) $\frac{5}{-}$ a_1A (105) $\frac{7}{22}$ Ls $\frac{10000}{12000}$

L. tuba completely closed. On attempting catheteriz. a slight emphysema appears.

10/6: v $\frac{aa}{0,50}$ V $\frac{0,20}{20,00}$ a_1M (10) $\frac{6}{5}$ a_1A (25) $\frac{7}{17}$ a_1M (22) $\frac{12}{13}$ a_1A (105) $\frac{15}{15}$ Li $\frac{>150}{23}$ Ls $\frac{10250}{13000}$

Stenosis on both sides; bougies introduced, after which air passes.

1 hr. later v $\frac{aa}{0,20—0,50}$ V $\frac{}{16,00—20,00}$ a_1M (10) $\frac{6}{5\ vbr.}$

13/6: Rp. Diuretin ctgr. 50 × 3.

16/6: v $\frac{0,05}{0,20}$ V $\frac{0,50}{3,00}$ a_1M (10) $\frac{0}{5}$ a_1A (25) $\frac{0}{20}$ a_1M (22) $\frac{15}{22}$ a_1A (105) $\frac{0}{55}$ Li $\frac{>150}{22}$ Ls $\frac{9500}{12000}$

Bilat. stenosis. Const. buzz.

1/7: Discharged.

6/8: v $\frac{0,05}{0,30}$ a_1M (10) $\frac{0}{0}$ a_1A (25) $\frac{0}{15}$ Li $\frac{>150}{22}$

Again obstinate stenosis, impassable on l. side; when attempt was made on r. side, an emphysema resulted.

11/8: Stenosis impassable.

Rp. Incandescent light-baths 3 times a week.

14/8: v $\frac{0,05}{0,45}$ a_1M $\frac{7}{7}$ a_1A $\frac{10}{40}$ Li $\frac{>150}{23}$ Ls $\frac{9000}{12000}$

Stenosis impassable. On l. side paracentesis by a long curved incision along post. edge.

18/8: v $\frac{0,05}{0,30}$ a_1M $\frac{12}{13}$ a_1A $\frac{0}{40}$ Li $\frac{>150}{21}$ Ls $\frac{6000}{9000}$

Siegles tube shows a flickering membr. on l. side. ÷ giddn.

20/8: $v\,\frac{0,10}{0,10}\,V\,\frac{0,20}{2,00}\,a_1M\,\frac{vbr.}{10}\,a_1A\,\frac{6}{22}\,Li\,\frac{>150}{>150}$ Contin. buzz.

Rp. Reduced salt.

15/9: $v\,\frac{0,10}{0,15}\,a_1M\,\frac{7}{8}\,a_1A\,\frac{7}{27}\,Li\,\frac{>150}{>150}$

L. tuba impassable.

23/9: After catheteriz.: $v\,\frac{0,10}{0,30}\,a_1M\,\frac{6}{6}\,a_1A\,\frac{6}{30}\,Li\,\frac{>150}{130}$

30/9: $v\,\frac{0,05}{0,15}\,a_1M\,\frac{5}{5}\,a_1A\,\frac{6}{30}\,Li\,\frac{>150}{150}$

Rp. Salyrgan 1 ccm.

1/10: $v\,\frac{0,05}{0,25}\,a_1M\,\frac{7}{8}\,a_1A\,\frac{7}{37}\,Li\,\frac{>150}{120}\div$ buzz.

L. tuba impassable.

26/11: Three days ago violent giddn. with vomit. Yesterday violent vasomot. rhinit. without increase of hearing as otherwise.
Bloodpr. 135.

$$v\,\frac{aa}{0,05}\,V\,\frac{0,30}{0,10—0,30}\,a_1M\,\frac{0}{0}\,a_1A\,\frac{8}{6}\,Li\,\frac{>150}{>150}\,Ls\,\frac{8000}{9000}$$

16/12: Violent buzz. ÷ headache. Hemoglobin 68 (not corrected). Weight 67,5.

Looks weary. ÷ sp. nyst. in back and side positions.

$$v\,\frac{aa}{0,10}\,a_1M\,\frac{0}{0}\,a_1A\,\frac{0}{0}\,Li\,\frac{150}{150}$$

Rp. Pill. ferrolyt. comp. 2 × 3.

27/12: Giddy. $v\,\frac{0,05}{0,10}\,a_1M\,\frac{0}{0}\,a_1A\,\frac{0}{9}\,Li\,\frac{>150}{>150}\,Ls\,\frac{9000}{10000}$

28/1-27: Discontinued iron pills 2 days ago. Yesterday buzz. in ears again, increased to-day. During treatment with iron not otherwise suffered from giddn. and almost free from buzz.

$$v\,\frac{0,05}{0,05}\,a_1M\,\frac{0}{5}\,a_1A\,\frac{6}{2}\,Ls\,\frac{8000}{7500}$$ Bloodpr. 110.

21/3: Perfectly well, until hearing a week ago gradually grew worse and buzz. increased.
Hemoglob. 70.

$$v\,\frac{aa—0,05}{0,05}\,V\,\frac{1,00}{3,00}\,a_1M\,\frac{0}{7}\,a_1A\,\frac{5}{10}\,Li\,\frac{>150}{>150}$$

19/10: Hearing unaltered bad; + buzz., feels, however, well, no attack for 8 months.

No. 5. F. born 1859.

Mother stout. 5 children, 2 alive and healthy. Pt.'s observations very uncertain. Memory very bad. When quite young inflammation of l. ear, was punctured. No discharge from ear since. When quite young appendicitis, treated with leeches. Later on typhus. Probably also cystitis.

Menopausis when 37 years of age. 3 normal births. 2 children living, one somewhat nervous. One child died in infancy, cause unknown. Obstipation. ÷ urticaria. ÷ eczema. Very chilly. Rheumatic pains everywhere. 2 years ago ischias. Bronchitis 1923, at Bispebj. Hosp. Easily gets short of breath.

Hearing bad for many years. Nose often stopped. Since 1923 considerable buzz., most like »piping of dragonflies», esp. at night. Hearing some time variable; at time hears quite well, esp. in the evening. For the last 4 years unsteady, but no real attacks of giddiness up to 2 days before adm. to hosp. Dare not walk without a stick; is otherwise afraid that everything will swim, has a feeling of falling backw. Const. pains in crown and back of head. Light hurts her eyes. — During an attack of giddn. two days ago fell down stairs and hurt herself. Did not loose consciousness. In latter years treated with catheteriz. without improvement.

3/8-27: $\mathrm{v}\,\frac{0{,}10}{\mathrm{aa}}\,\mathrm{a_1M}\,\frac{9}{10}\,\mathrm{a_1A}\,\frac{8}{14}\,\mathrm{Li}\,\frac{36}{55}\,\mathrm{Ls}\,\frac{12000}{10000}\,\mathrm{V}\,\frac{2{,}00}{1{,}00}$

Sp. nyst. ⇄; by headbending to r. ↶.

Adm. 25/8-27 Mun. Hosp. Ear Dept. Height 152. Weight 70. Makes a very nervous impression, weeping.

Aur. d.: Mbr. retracted. Proc. brev. projects very much. Irregular light reflex. Aur. s.: Mbr. much retracted, milky coloured, with irreglr. thickening and a small scar on the post. part.

Spont. nyst.: ⇄. 10 rot. $\frac{\rightarrow 15''}{\leftarrow 10''}$ Amylnitr. does not alter sp. nyst.

Calor. (18°) $\frac{+\text{ nyst. }+\text{ reversal}}{+\text{ nyst. }+\text{ reversal}}$

$$\mathrm{v}\,\frac{1{,}00}{0{,}10}\,\mathrm{a_1M}\,\frac{10}{8}\,\mathrm{a_1A}\,\frac{8}{12}\,\mathrm{Li}\,\frac{38}{38}\,\mathrm{Ls}\,\frac{12000}{9000}\,\mathrm{W}\uparrow\mathrm{R}\,\frac{+}{+}$$

Cav. nasi: Hypertrophy of conchæ. Serous secretion. Pharynx: Chronic injection.

Large ecchymoses on chin, neck and left arm resulting from fall, also slight sore on chin. Pt. is fat. Subcut., tender infiltr. on back and abdomen.

26/8: $\mathrm{v}\,\frac{0{,}10}{0{,}20}\,\mathrm{a_1M}\,\frac{9}{9}\,\mathrm{a_1A}\,\frac{12}{16}\,\mathrm{Li}\,\frac{36}{36}\,\mathrm{Ls}\,\frac{12000}{11000}$ Bloodpr. 195.

Rp. Reduced salt and fluid. Universal massage.

8/9: $\mathrm{v}\,\frac{0{,}10}{2{,}50—3{,}00}\,\mathrm{a_1M}\,\frac{6}{10}\,\mathrm{a_1A}\,\frac{7}{27}\,\mathrm{Li}\,\frac{36}{30}\,\mathrm{Ls}\,\frac{12000}{14000}$

28/9: Feels well. No headache. No giddn. Still hears piping sounds in both ears. Weight 64,45.

5/10: Feels well. v $\frac{0,10}{2,50—3,50}$ Discharged.

9/12: v $\frac{20,00}{20,00}$ 5 rot. $\frac{\rightarrow 19''}{\leftarrow 19''}$ Weight 63,5.

No. 6. M. born 1900.

Father healthy. Mother when young »fits» and probably chorea. Never miscarried. No. 1 of 3 children, 2 healthy.

Born 6 weeks too early. ÷ trauma by birth. Delayed development, always backw. at school. Bad hearing began in 1923 without apparent cause. ÷ discharge. ÷ pain. R. ear first affected, l. later on. Tried catheteriz. without lasting improvement. Tonsillectomia one month previous to adm. without improvement of hearing. + buzz. Only giddy in cold weather; no actual attack. Hearing variable, worst in winter and when he has a cold. Hears much better in heat than in cold.

+ obstipation. No information obtainable as to diuresis, consumpt. of fluids or salt. Not chilly. ÷ cold extrm. Slight intermitt. rheumatism. ÷ urticaria. ÷ eczema. ÷ oedemata. Headache rarely, but then very strong. Often pressure before the ears.

Adm. Ear Dept 20/6 25. Slightly imbecile. Face puffy, thick lips, complexion pale and yellowish.

Aur. d.: Scarcely retract. Inject. of vessels along manubr. Aur. s.: Slight retract. Cav. nasi: Crusts in nose, covering a septum perforat. L. side very narrow.

v $\frac{aa}{0,05}$ V $\frac{0,10}{0,20}$

Sp. nyst. $\rightleftarrows$; side position ÷. 10 rot. $\frac{\rightarrow 15''}{\leftarrow 14''}$

Calor. 18° $\frac{25'' \rightleftarrows + \text{reversal}}{32'' \leftrightarrows + \text{reversal}}$

23/6: Lumb. punct.: Pressure 250, cells 5/3, glob 0, albumin 6.

25/6: L. pupil > r.; on l. eye slight ptosis and on r. eye slight exophthalmus. Otherwise nothing neurol. abnormal.

29/6: v $\frac{0,30}{0,05}$ V $\frac{0,60}{0,20}$ a_1M (10) $\frac{5}{4}$ a_1A (25) $\frac{6}{6}$ Li $\frac{70}{70}$ Ls $\frac{7000}{7000}$

Rp. Inject. chlor pilocarp.

30/6: v $\frac{0,10}{aa}$

9/7: v $\frac{0,10}{0,05}$ Discharged.

4/8: Observed that he becomes giddy on pressing behind angulus mandibulæ esp. on the r. side.

By doing this converg. spasme observed accomp. by nyst.like movements, esp. distinct on the r. eye. They are easily produced, esp. by an upw. directed pressure. The same is seen by pressure in or against the ext. meatus on r. side. Reaction decreases on repeated experiments.

Headbend. to r. ÷; forw. bend.: Converg. spasme. Phenomenon weakened on repeated experiments.

After previous inj. of salicyl. hydrargyric. (2 × 1 cm) neosalvarsan 45 ccm given.

2/10: No improvement.

6/5-26: Buzz. Says that colds cause giddn. and vomit. Last time he had uausea and vomiting was 14 days ago. Giddn. appeared without pressing on the ear.

Acoustic tests, with exception of whispering and conversat. voice worthless, as pt. declares he hears tun. fork which has not been struck, also hears monochord when only held up to his ear.

Impass. tubal stenosis on l. side.

Height 174. Weight 74. $v\frac{0,05}{0,05}V\frac{1,00}{1,00}$ Rp. Agurin ctgr 50 × 3.

2/6: Weight 73. $v\frac{aa}{0,15}V\frac{6,00}{20,00}$ Buzz.

4/6: Giddn. and vomit. $v\frac{0,05}{0,10}V\frac{4,00}{10,00}$ Sp. nyst. →

2/7: Weight 72. Still giddy. Appearance improved; feels lighter.

$v\frac{0,05}{0,05}V\frac{2,00}{2,00}$ After catheteriz.: $v\frac{0,12}{aa}V\frac{15,00}{10,00}$

Submucous septum resection performed to make catheter pass on l. side.

20/7: Stenosis on l. side. $v\frac{0,15}{aa}V\frac{6,00}{2,00}$

26/7: Still impass. stenosis on l. side. $v\frac{0,10}{aa}V\frac{10,00}{0,35}$

6/8: Catheteriz. free passage.

28/8: Stenosis again following cold. Weight 71.

10/9: Violent giddn. with vomit. No stenosis. $v\frac{0,10}{0,05}$

24/9: Feels better. Can now hear in radiophone, which he could not do before. Tubae free.

3/6: Weight 68,5. Bloodpr. 122. Hemoglb. 83. Impass. stenosis.

10/8: Typical vasomot. rhinit. Bloodpr. 110. Weight 67. Hemoglb. 105,7. Sp. nyst. ⇄ does not change in side position.
On compr. of r. carotis, esp. up under the ear, on compr. of tragus and compr. of air in ext. meatus. strong ⇄. On cessation of compr. and on aspir. ⇆. Nothing abnormal on l. side.

1/10-28: Regularly treated with catheteriz. Hearing unaltered. Hardly any giddn.

No. 7. M. born 1884.

Father from youth gradually increasing deafness; one must now shout to make him hear. Mother died of apoplexy. No. 2 of 5 children. 1 brother has varices, otherwise healthy.

Varices on lower extr. since 14 years old. When 25 years old somewhat nervous, overexerted by night work, lost weight, sleepless, obstipation. In 1918 treated for ulcus ventr. Several attacks of lumbago.

During the close of 1924 severe buzz. in l. ear, simultan. deafness and attacks of giddn.; hearing improved after catheterizat. and giddn. disapp. Felt well for a year after. Buzz. and attacks of giddn. then returned, at same time hearing decreased on both ears, most on left; could not hear telephone. Is quite aware that hearing varies; hears best after a steam bath. During bad periods pt. feels indifferent, unwell and memory is distinctly impaired; extreme lassitude.

The attacks of giddn. can appear apoplectiformely. Pt. fell one day off his bicycle on sneezing; on recovering conscience found himself lying on the ground. He describes the attacks as ressembling what one feels when struck on the eye. Does not faint, but for a moment is »beside himself». Before the attack of giddn. comes on he has buzz. and strange feelings in his head. L. ear feels closed. The nose is stopped up simultan. with deafness and giddn. Feels best in the morning, worst in the afternoon; best in fresh air and when taking exercise.

Slight inclination to »asthma», but no distinct attacks. ÷ headache. ÷ cold extremities. Not chilly. Normal consumpt. of water and salt Knows nothing about diuresis.

27/3-25: Aur. d. et s.: Manbr. short, perpendicular, esp. on l. side. Membr. without light reflex, atrophic. Cav. nasi: Deviation to l.

$$v\ \frac{8{,}00}{3{,}00}$$ Bilat. stenosis.

3/4-25: $$v\ \frac{5{,}00}{5{,}00}$$

24/4: Pt. who is musical, gives to hear note 36 (d. vibr.) dull on l. ear. 55—150 is heard as a tone, but as if vibrating. Pt. has substantiated at the piano, that any tone below a is accompanied by a characteristic clangless sensation which continues after the tone itself has disapp., both on the l.

and r. ear. Declares that from c^2 and upwards the tones on l. ear are shrill, c^3 is heard with the same clang on both sides, only weaker on the l. Tones of monochord are heard pure, only weaker on l. ear. During periods of giddn., which often appear in connection with colds, music sounds unpleasantly disharmonious. The giddn. and the disharmony come and go simultan. ÷ pressure on ears.

3/6: Slight headache. + giddn. $v\frac{5{,}00}{5{,}00}\,Li\frac{16}{18}\,Ls\frac{14748}{14748}$

$$a_1M\frac{5\,^1/_2}{5\,^1/_2\ vbr.}\,a_1A\frac{25}{25}$$

23/11-26: Giddn. again, buzz. in ears, nose stopped up, hearing decreased on l. ear.
Sp. nyst. ↘. Bloodpr. 115. Pharynx: Slight acute hyperemia.

$$v\frac{20{,}00}{6{,}00}\,a_1M\frac{15}{8\ vbr.}\,a_1A\frac{62}{27}\,Li\frac{16}{36}\,Ls\frac{13000}{13000}$$

Tubae passable after cocaine.

2/11: Weight 67,5. Height 168. Bloodpr. 128.

$$v\frac{20{,}00}{6{,}00}\,a_1M\frac{16}{14\ vbr.}\,a_1A\frac{62}{27}\,Li\frac{15}{32}\,Ls\frac{14748}{14748}$$

Condition varies, changes in course of hours. ÷ sp. nyst. in the diff. positions.

Rp. Euphyllin ctgr 10 × 3.

10/12: Passed water twice extra in the 24 hours. 2 days after commencement of treatment with euphyllin pt. was lighter in his head, and felt quite like a different man. Is able to hear in telephone with left ear, which he has not been able to do for the last 2 years.

$$v\frac{20{,}00}{20{,}00}\,a_1M\frac{19}{14}\,a_1A\frac{62}{63}\,Li\frac{15}{22}\,Ls\frac{15624}{15624}$$ Boneconduct. is now heard perfectly pure and clear on l. side, formerly as a vibration.

17/12: Slightly giddy yesterday. To day pressure on l. ear and heavy in head.

$$v\frac{20{,}00}{20{,}00}\,a_1M\frac{15}{16}\,a_1A\frac{60}{56}\,Li\frac{15}{15}\,Ls\frac{17000}{19000}$$

Rp. Euphyllin ctgr 20 × 3.

22/12: ÷ giddn. Memory improved. Bloodpr. 110.

4/3: Feels well. $v\frac{20{,}00}{20{,}00}\,a_1M\frac{15}{16}\,a_1A\frac{60}{56}\,Li\frac{15}{15}\,Ls\frac{17000}{17000}$

12/6-27: Perfectly well. Memory all right. Not for years been so fit for work.

15/9-28: Condition very satisfactory. Only now and then when he catches a cold a little hardhearing and sometimes somewhat giddn., favourably influenced by catheterization.

No. 8. M. born 1890.

Healthy family. — Always healthy except for ear trouble, which began when pt. was 13; then violent attack of giddn., which lasted one hour. After this kept well for a couple of years, when attacks returned. Has however been free for periods of from 2—3 years. During last 4 years attacks much more frequent; always the same, beginning with pressure in cardia and diarrhoea, which made pt. believe that he had a stomach disease. Gait becomes unsteady, sight bad, everything swims, surroundings seem to turn round, he feels seasick, vomits.

Did not observe any deafness as a boy; but already when a soldier 21 years of age impaired hearing on l. ear. Hearing very variable, even in course of one and same day. Attacks of giddn. most frequent when hearing is worst; after attack hearing always improves. Almost always buzz. in r. ear, not in l.; has however formerly had buzz. in this ear. Buzz. »like a centrifugal machine». Never pains in ears but sensations of stoppage, esp. on r. ear. Never discharge. Not much headache but has pressure above eyes, esp. during bad periods.

Extreme lassitude when hearing is bad; is obliged to either sit or lie down. Pulse often slow, counted as low as 40 by himself. Frequent vasomot. rhinitis. Nose stopped up, esp. in the morning, but in can occur at all times of the day; simultan. pressure in head.

Rheumatism in back of neck and forehead. Slightly chilly. ÷ urticaria ÷ eczema ÷ asthma. Perspires easily. Has remarked that the diuresis varies greatly, being some days very slight. Consumpt. of water given as normal. Eats but little salt.

Was at Frederiksberg Hosp. 8/1—25/2-25 for ear trouble; here observed: W. R. in blood and spinal fluid ÷. Eye exam. norm. Slight paresis of l. lower facialis. Lumb. punct.: Cells 5/3, alb. 20, glob. 5. Tymp. membr. nat. Caloric reaction present on both ears with normal direction, but weak.

$v\frac{6,00}{0}$ Treated with pilocarpin without improvement.

Mun. Hosp. Ear Policl. 12/11-26. Pt. is thin, strongly built. Slight cyanosis of ears. ÷ infiltr. ÷ oedema. Pulse 80. Bloodpr. 130.

Aures: Manubr. projects reliefwise; ant. part of membr. retracted on l. side. Cav. nasi: Septumdeviat. to l. ÷ sp. nyst. in the diff. head positions. Amylnitrite ⥂, a little afterwards ⇝.

Free passage of r. tube; left side of nose so narrow that catheter cannot pass.

$$v\frac{0,50}{0}\,V\frac{4,00}{0}\,a_1M\frac{0}{0}\,a_1A\frac{25}{0}\,Li\frac{24}{>150}\,Ls\frac{14000}{6000}$$ L. tube passage free.

½ hr. later. $v\frac{0,75}{0}\,V \qquad a_1M\frac{4}{0}\,a_1A\frac{25}{0}\,Li\frac{28}{>150}$

13/11: Yesterday malaise, nausea, giddn.

$$v\frac{1,25}{---}\,a_1M\,\frac{3}{-}\,a_1A\,\frac{24}{-}\,Li\,\frac{24}{-}\,Ls\,\frac{14000}{---}\;\div \text{ sp. nyst.}$$

10 rot. $\dfrac{\div \text{ nyst.}}{\leftarrow 11''\text{ quite weak}}$ Romberg ÷. Cal. (ice water): No reaction on l. side.

16/11: $v\frac{1,00}{---}\,a_1M\,\frac{6}{6}\,a_1A\,\frac{45}{4}\,Li\,\frac{23}{>150}\,Ls\,\frac{13000}{\div M}$

19/11: $v\frac{2,00}{---}\,V\frac{20,00}{---}\,a_1M\,\frac{12}{9}\,a_1A\,\frac{50}{7}$ Li cannot be determined, as pt. decares he hears tun. fork, when not struck. Practically no buzz.

Rp. Euphyllin ctgr 10 × 3.

22/11: $v\frac{2,00}{---}\,a_1M\,\frac{13}{4}\,a_1A\,\frac{53}{6}$

2/12: $v\frac{3,00}{---}\,a_1M\,\frac{13}{9}\,a_1A\,\frac{52}{0}\,Ls\,\frac{13920}{\div M}$

Weight 76,5. Height 72. Bloodpr. 125. Pulse 52.

9/12: No distinct effect on diuresis.

Sep. Euphyllin.

$$v\frac{0,50}{---}\,a_1M\,\frac{8}{?}\,a_1A\,\frac{51}{0}\,Ls\,\frac{14748}{---}$$

13/12: Diuresis slight in proportion to consumpt. Greater pressure on ears.

$$v\frac{0,20}{---}\,a_1M\,\frac{8}{-}\,a_1A\,\frac{34}{-}\,Ls\,\frac{14748}{---}$$

7/1-27: $v\frac{aa}{---}\,V\frac{4,00}{0}\,a_1M\,\frac{6}{-}\,a_1A\,\frac{35}{-}$ Pulse 66. Bloodpr. 115.

Tired and unsteady in the morning.

Rp. Tabl. kalzani 1 × 3.

25/1: $v\frac{aa—0,05}{---}\,a_1M\,\frac{5}{-}\,a_1A\,\frac{37}{-}\,Ls\,\frac{12500}{---}$ Drinks great quantities of fluid.

10/2: Diuresis good.

$$v\frac{<aa}{---}\,a_1M\,\frac{5}{-}\,a_1A\,\frac{40}{-}\,Ls\,\frac{12500}{---}$$ Bloodpr. 117. Hemoglb. 77.

Rp. Pill. ferrolyt comp. 1 × 3.

13/9: Sp. nyst. ∽ (weak).

10 rot. $\dfrac{\div \text{ nyst.}}{\backsim = \text{ sp. nyst.}}$

Cal. (Ice water): L. side, sp. nyst. unchanged. Cal. (Ice water): R. side, sp. nyst. ceases.

Hemoglb. 92,6.

No. 9. M. born. 1854.

Both parents hard of hearing when old. Father suffered from rheumatism in knees. Mother probably suffered from giddn.

Never kept bed on account of illness. Ten years ago began to suffer from attacks of giddn., nausea and vomit. ÷ buzz.; slightly impaired hearing on r. ear, before attack commences. Attacks with interval of months. ÷ discharge. ÷ asthma. ÷ urticaria. ÷ eczema. Often cold feet. + vasomotor. rhinitis. Now and then rheumatism in legs. Considerable consumpt. of fluids, normal consumpt. of salt.

13/12: Hearing on r. ear diminished, became almost quite deaf; at same time whistling in the ear.

On exam. in Ear Departm. Policlinic 23/7 symptoms were found of rightsided catharal acute otitis.

$$v\frac{0}{0,20}\,V\frac{0,15}{>4,00}\,a_1M\frac{10}{12}\,a_1A\frac{13}{44}\,Li\frac{>150}{24}\,Ls\frac{\div M}{12000}$$

Transf. to Ear Departm. 27/12 1926 from Departm. VI.
Height 165. Weight 66,5. Bloodpr. 140.
Aur. sin.: Membr. cup-shaped retracted, relief-like.
Aur. dext.: In the meatus pus. Membr. bulging forward. Proc. mast. d.: Slight tenderness. ÷ sp. nyst.

Paracentesis.

29/12: Very slight discharge. Membr. red without details.

3/1: Feels perfectly well. Sparing discharge.

4/1: $v\frac{0}{0,30}\,V\frac{0,15}{>4,00}\,a_1M\frac{6}{9}\,a_1A\frac{0}{38}\,Li\frac{>150}{28}\,Ls\frac{\div M}{12000}$

9/1: Aur. d.: Slight quantity of non-odorous pulsating secretion.

15/1: Feels unwell, slight giddn.
Sp. nyst. in the diff. head positions ←.

24/1: Aur. d.: Perfectly dry. Membrane intact, details returning.

25/1: $v\frac{}{0,50}$ Diuresis measured whilst in hospital about 600—700 by a fluid consumpt. of 1400—1700.

Discharged.

3/2: Not so well. Diuresis given as slight.

Rp. Calcium-diuretin ctgr 50 × 3.

21/2: Feels better. Diuresis increased.

28/2: $v\frac{0,10}{0,50}\,V\frac{1,50}{>4,00}\,a_1M\frac{0}{2}\,a_1A\frac{8}{32}\,Li\frac{>150}{24}\,Ls\frac{8000}{13000}$

Has not been given tablets for last 10 days. 8 days ago attack of giddn. with nausea. Only passes little urine, drinks about 1200—1300 c³.

9/4· Slight attack of giddn. again yesterday. Calcium-diuretin caused diarrhoea and giddn. so he discontinued it.
Sp. nyst. ←. Hemoglb. 76 %.
Rp. Tabl. ferr. reduct. ctgr 25 × 3.

27/4: v $\frac{0{,}10}{0{,}35}$ Hemoglb. 90.

14/5: Conversation voice sounds »like a gas balloon screaming». v $\frac{0{,}10}{0{,}25}$.

After catheteriz. which passes freely: v $\frac{0{,}30}{0{,}25}$

17/9: Giddn. unchanged. Music sounds out of tune, declares that this first appeared after catheteriz. No tubal stenosis now.

No. 10. F. born 1878.

A sister (No. 16 of these cases) suffers from Mb. Menièri.
Scarlatina when a child, with l. sided suppuration. Hearing bad since. A great deal of rheumatism; hands and feet cold. + urticaria. Considerable consumpt. of salt, moderate consumpt. of fluids. During the last few years periodical swelling of salivary glands.
Became suddenly deaf yesterday on the r. ear with simultaneous buzz. and giddn., headache in both temples.
Exam. Mun. Hosp. Ear Policl. 14/3-28. Height 160. Weight 67,7. Hemoglb.75 %. Face flushed; medium, but tender subcut. infiltr. an lower extremities. Slight swelling of parot. and submax. saliv. glands.
Auris d.: Maxim. retraction. Aur. s.: Dry perforation.
Sp. nyst. ⥱ independent of head position. Amylnitr. ÷.

$$v\,\frac{8{,}00}{0{,}50}\,a_1M\ (15)\ \frac{6}{11}\,a_1A\ (40)\ \frac{11}{12}\,Li\,\frac{36}{55}\,Ls\,\frac{13000}{13000}$$

Rp. Reduced fluid intake.

30/4: Tired, giddy. Sp. nyst. ⥱; head bend. to r. ↜. Weight 64,4. Hemoglb. 99.

$$v\,\frac{20{,}00}{1{,}00}\,a_1M\ (15)\ \frac{10}{13}\,a_1A\ (40)\ \frac{35}{18}\,Li\,\frac{24}{100}\,Ls\,\frac{16500}{15500}$$

7/5: Salivary glands on l. side again swollen. Sp. nyst. ⥱.

25/5: Feels well. ÷ sp. nyst.

No. 11. M. born 1879.

No informat. as to parents. 10 brothers and sisters all died early.
Formerly abusus spirit. Totalabstainer since 1914. Was in bed for 3 ½ months for rheumatism in joints in 1903. From 1906—1914 convuls. with complete unconsciousness, bited tongue, involunt. discharge of urine. No later attack.

No earlier ear symptoms. Perfect health up to 3 weeks ago; then in the course of 2 days severe headache in crown of head developed, worst in forenoon. At same time slight deafness and inconsiderable buzz. on both ears. Attacks of giddn., esp. by movements, began almost simultan.
Mun. Hosp. Ear Policlinic. 10/6-24.

$$v\,\frac{1{,}00}{1{,}00}\,a_1M\ (10)\,\frac{7}{7}\,a_1A\ (25)\,\frac{14}{23}\,Li\,\frac{26}{26}\,Ls\,\frac{12000}{12000}\,R\,\frac{+}{+}\,W =$$

$\div$ sp. nyst. Romberg: Fall backwards.
Carotiscompr., traguscompr., compr. and aspir. in the ext. meatus $\div$.

Adm. Ear Dept. 16/6-24. Appearance healthy. Holds his head in a peculiar stiff way, as he gets giddy when he moves quickly.
Aures: Membr. dull. A small firmly seated crust on ant. part.
R. pupil $>$ l., reacts to light.
$\div$ sp. nyst. $\div$ fistula symptom.

5 rot. $\frac{\rightarrow 25''}{\leftarrow 30''}$ Cal. (20° 20 ccm) $\frac{20'' \rightleftarrows + \text{reversal} \swarrow\!\!\leftarrow}{20'' \rightleftarrows + \text{reversal} \searrow\!\!\rightarrow}$

17/6: Lumb. punct.: Press. 280, cells ⅓, alb. 10 (11), glob 0.

18/6: Rp. Inj. chl. pilocarp.

19/6: Perspires but slightly after pilocarpin, but an hour after giddn. and nausea. Vomited slightly twice. $\div$ sp. nyst.

20/6: Severe headache, nausea, vomited once, severe giddn. before inject. of pilocarpin. Afterw. perspires heavily, vomited twice, giddn. decreased. $\div$ sp. nyst. In r. side position, directly after position taken, lasting c. 1 min. a few beats $\rightarrow$, which quickly grew less frequent. By forw. bend. a few jerks $\downarrow$

21/6: $v\,\frac{3{,}00}{3{,}00}$ Headache in r. side of back of neck, when pt. lies on his r. side. Only giddy when he sits up. Back position feeble $\downarrow$, mostly as slow phase, probably also $\rightarrow$; r. side position feeble $\downarrow \rightarrow$, l. side position: very feeble, mostly $\curvearrowright$, upright position and forw. bend.: $\div$.

22/6: After pilocarpin great perspirat. and vomit.

26/6: Giddy yesterday after sweating treatment; buzz. in ears for ¾ of an hour, principally on r. ear.
Back position $\rightarrow \searrow$. Slow phase towards r. R. side position a single beat immediately $\leftarrow$, after that a beat $\rightarrow$, at last 2—3 beats $\searrow$. L. side position $\rightleftarrows$ with prepond. horiz. component, continuing during the 2 mins. or so, in which observed in this position. Upright position $\div$ nyst.

28/6: Still severe headache. During sweating cure yesterday vomiting. Buzz. on r. ear diminished; says hearing is better. Pt. became giddy directly he got up.

29/6: This morning extremely slight giddn.

30/6: v $\frac{6{,}00}{10{,}00}$ a_1M (10) $\frac{6}{6}$ a_1A (25) $\frac{14}{12}$ Li $\frac{26}{26}$ Ls $\frac{14000}{14000}$ R $\frac{+}{+}$ W ↓.
Back position ⇄↘.
Side positions ÷ nyst.

1/7: Counterroll. (r. eye) 50°, to r. 4°; to l. 4,5°.
Discharged.

8/7: v $\frac{14{,}00}{16{,}00}$ ÷ buzz.

20/9: During last fortnight frequent attacks of giddiness on bend. forw.
v $\frac{14{,}00}{16{,}00}$ a_1M (10) $\frac{9}{11}$ a_1A (25) $\frac{20}{23}$ Li $\frac{26}{24}$ Ls $\frac{14000}{14000}$ ÷ sp. nyst.

24/2-25: Exam. at Rigs Hosp.'s Policl.: Hearing normal on both ears. Postrotatory vestibular reaction seems slightly increased on both ears.

26/5-26: During latter years chilly, hands cold. Frequent headache, mostly in the morning and in damp weather, also on bend. forw. Hearing not quite good lately.
÷ vasomotor. rhinitis. Slight rheumatism in r. shoulder, when he has colds. Inconsiderable consumpt. of fluids and salt. Buzz. on l. ear, esp. in the evening when he goes to bed.

Height 178. Weight 83. Bright colour, slight cyanosis of hands and face.
Romberg ÷. Sitting position ÷; l. sideposition ÷; r. side position ⇄.
Aures: Membr. dull, thickened, not retracted.

v $\frac{2{,}00}{2{,}00}$ a_1M (10) $\frac{6\,½}{7}$ a_1A (25) $\frac{19}{20}$ Li $\frac{24}{24}$ Ls $\frac{13500}{13500}$ V $\frac{20{,}00}{20{,}00}$

Bilat. stenosis.

No. 12. M. born 1874.

Father died of tubercul. One brother dead, cause unknown, was hard of hearing. No fam. dispos. to adipositas, diabetes or rheumatism.

Whilst soldier rheumatism and angina, trouble in l. ear resulting from firing a gun. Does not remember, whether there was discharge. 1908 operated for ulc. ventriculi. 1911 appendectomia. 1914 erysipelas of the face. Slight colds in winter. Serous secret. from nose in the mornings, often accomp. by sneezing. ÷ asthma. Several times urticaria. No inclinat. to rheumatism since he was a soldier. ÷ chilliness. + cold feet. Inconsiderable consumpt. of fluid. Eats a great deal of salt. Perspires but little, ÷ paresthesies.

Since soldier periods of buzz. in l. ear. Not noticed any decrease of hearing. Began 1 ½ months ago to suffer from slight attacks of giddn. esp. on waking. Two days before adm. severe attack, for 2 hours, accomp. by vomit. Feeling of rotation from r. to l.; simultaneously headache, which he has still. Hearing varied during last 1 ½ months, not improved since

last severe attack; is not dependent on weather; improves in course of day. Buzz. worse during last 1 ½ months, most like growling.
Adm. Mun. Hosp. Ear Dept. 11/8-27.

Height 167 cm. Weight 56,8. Neurasthenic appearance. No infiltr. or oedemata.
Aur. d.: Membr. milky, considerably retracted. Aur. s.: Membr. dull, slightly retracted.

$$v\ \frac{20{,}00}{9{,}00}\ a_1M\ \frac{15}{?}\ a_1A\ \frac{40}{10}\ Li\ \frac{22}{40}\ Ls\ \frac{17000}{16000}\ R\ \frac{+}{+}$$

In all head positions: ⇆, unaltered by inhalation of amylnitrite. Compr. of air in ext. meatus, compr. of carotis: ÷.

10 rot. $\frac{\rightarrow 18''}{\leftarrow 21''}$ Cal. 18° (minimal) $\frac{25'' \curvearrowright + \text{reversal}}{30'' \curvearrowleft + \text{reversal}}$

13/8: Slight giddn. this morning.

$$v\ \frac{14{,}00—20{,}00}{3{,}00—10{,}00}\ a_1M\ \frac{10}{7}\ a_1A\ \frac{38}{12}\ Li\ \frac{18}{70}\ Ls\ \frac{17000}{15000}$$

14/8: Hemoglb. 102,5. Bloodpr. 111.
Salyrgan expm. No. 66. (Vol. I, pag. 68).

17/8: No tubal stenosis.

Rp. Diet with reduced fluid and salt.
Gymnastics. Salt water baths.

18/8: Lighter in his head, buzz. diminished.

28/8: Violent buzz. last night and slight giddn. lasting until morning.

30/8: $v\ \frac{20{,}00}{10{,}00—20{,}00}\ a_1M\ \frac{13}{13}\ a_1A\ \frac{45}{34}\ Li\ \frac{16}{30}\ Ls\ \frac{17000}{17000}$ ÷ stenosis.

1/9: Has still slight headache on l. side and l. sided buzz.

$$v\ \frac{20{,}00}{10{,}00—20{,}00}\ a_1M\ \frac{14}{14}\ a_1A\ \frac{42}{42}\ Li\ \frac{16}{24}\ Ls\ \frac{16000}{15000}$$

3/9: Feels well; inconsiderable piping sound on l. ear. Copious diuresis, measured daily.

Discharged.

No. 13. M. born. 1888.

Parents healthy, mother operated on for appendicitis, Second of 2 children. Brother healthy.

In 1906 very severe attack of giddn. Remembers nothing as to deafness or buzz. at that time. Never discharge or pain. 1909 dysenteria. Tendency to obstipat. February 1918 a severe attack of influenza, intense treatment with salicyl. Shortly afterw. deafness and buzz. on l. ear; heard the telephone badly. In 1921 severe attack of giddn., lasting a whole night. Has since then had attacks at intervals. Buzz. and deafness increased steadily.

Lumb. punct. (3/8 1922 Dr. G. Schroeder): Cells 0/3, glob 0, alb. 10.
Treated with catheteriz. which had some effect.
Adm. Mun. Hosp. Ear Dept. 28/3-23. Normal appearance.
Aur. d. et s.: Nat. (see however later on). Cav. nasi: Mucous membrane on r. side hypertrophied.

$$v\,\frac{15{,}00}{2{,}50}\,a_1M\ (10)\ \frac{11}{5}\,a_1A\ (25)\ \frac{25}{15}\,Li\,\frac{22}{36}\,Ls\,\frac{17536}{13920}\,R\,\frac{+}{+}\,W\ \uparrow$$

÷ sp. nyst. (several times before during attacks nyst. to l. observed).
5 rot. $\frac{\rightarrow\ 40''}{\leftarrow\ 35''}$ Calor. (18° minimal) $\frac{19''\ \curvearrowright\ +\ \text{reversal}}{40''\ \curvearrowleft\ +\ \text{reversal}}$

29/3: Rp. inj. chl. pilocarp.

30/3: Violent perspir. after pilocarpin, also tenesmi vesicales.

9/4: Discharged.

20/10-23: Felt comparatively well. Attacks more frequent, but less severe, only lasting about one minute. Feeling of »capsizing». Pressure in ears and buzz. increase previous to attacks. After attacks feels clear in his head and buzz. cease.

$v\,\frac{\quad}{6{,}00}$ ÷ sp. nyst. in the diff. head positions. Compr. of carotis, compr. and aspir. in ext. meatus ÷.

12/1-24: Always slight pressure in l. ear and buzz., worst when pt. has a cold. Says he can hear high, but not low notes.

Yesterday $v\,\frac{\quad}{4{,}00}\,Li\,\frac{19}{32}\,Ls\,\frac{15624}{13920}$

To day $v\,\frac{20{,}00}{9{,}00}$ Counterroll. 50°, to r. 10°; to l. 9°; difficult to decide as there would seem to be ↝ in l. side position.

27/5: $v\,\frac{20{,}00}{16{,}00}$ On the whole in good condition.

10/8: Attack again a week ago.

$v\,\frac{18{,}00}{4{,}00}$ Feeble nyst. →.

18/10: $v\,\frac{18{,}00}{12{,}00}\,a_1M\ (10)\ \frac{10}{8}\,a_1A\ (25)\ \frac{22}{15}\,Li\,\frac{17}{25}\,Ls\,\frac{16000}{14500}$

Hearing worse when overworked at his office or when in a noise.

6/3-25: Pressure on l. ear.

$v\,\frac{20{,}00}{8{,}00}\,Li\,\frac{\quad}{36}\,Ls\,\frac{17000}{14000}$ After catheteriz. $v\,\frac{\quad}{16{,}00}$

20/10-25: Feels perfectly well. No giddn., slight buzz.

$$v\frac{18,00}{7,00}\,a_1M\ (10)\frac{8}{10}\,a_1A\ (25)\frac{15}{10}\,Li\frac{17}{24}\,Ls\frac{17000}{12000}$$

Back position →; r. side position unchanged →; l. side position increasing →.

4/9-26: Buzz. vary very much, always worst in the morning, increase after eating soup, also after spiced food. Hears better after having played tennis. Eats a great deal of salt (restaurant food). Knows nothing about diuresis. No doubt considerable consumpt. of fluids. Perspires easily. Great lassitude in bad periods. Catheterization causes giddn. on r. side, not on l.

÷ rheumatism. ÷ asthma. ÷ urticaria. Formerly vasomot. rhinitis.

Nyst. →. L. side position increased ⇉. R. side position: Nyst. ceases.

Severe stenosis on l. side, only passable after dropping with cocain-adrenalin.

$$v\frac{17,00}{0,50}\,V\frac{20,00}{10,00}\,a_1M\frac{13}{8}\,a_1A\frac{62}{33}\,Li\frac{18}{30}\,Ls\frac{\quad}{14748}$$

6/9: Readm. Ear Dept. Bloodpr. 100. Weight 80,0. Height 171 ctm. Congested.

Rp. Reduced salt. Scotch douche. Gymnastics.
Catheteriz. daily.

8/9: $v\frac{\quad}{6,75}\,a_1M\frac{\quad}{11}\,a_1A\frac{\quad}{25}$

9/9: $v\frac{\quad}{1,00}\,a_1M\frac{\quad}{9}\,a_1A\frac{\quad}{29}$

10/9: Salyrgan expm. No. 73. (Vol. I, pag. 71).

14/9: $v\frac{\quad}{2,00}\,a_1M\frac{\quad}{9}\,a_1A\frac{\quad}{33}$

15/9: $v\frac{\quad}{3,00}\,a_1M\frac{\quad}{12}\,a_1A\frac{\quad}{32}$

17/9: $v\frac{\quad}{1,00}\,a_1M\frac{\quad}{9}\,a_1A\frac{\quad}{31}$ Bilat. stenosis.

18/9: $v\frac{\quad}{1,00}\,a_1M\frac{\quad}{14}\,a_1A\frac{\quad}{34}$ Rp. Agurin ctgr 50 × 4.

19/9: $v\frac{20,00}{2,00}$ Perspires considerably after agurin. Sep. Agurin.

20/9: Salyrgan expm. No. 76. (Vol. I, pag. 73).

21/9: Sp. nyst. ⇉, increases in l. side position.

Feels considerably better. Still l. sided buzz.

Weight 76,75. Rp. Pill. thyreoidin 1 × 2.

Discharged.

14/4-27: Felt well until 2—3 weeks since. Const. taken thyreoidin without having palpitations or feeling nervous. Has diminished his consumpt. of fluids. Has, as a rule, no buzz. nor giddn. Declares the last six months to have been the period of his illness when he has felt best. Takes cold shower baths, has hardened himself, does gymnastics. Two or three weeks back caught cold and has since suffered again from buzz. and headache.

Weight 79,9. Bloodpr. 121. Hemoglobin 84.

Sp. nyst. ⇄ weak, but distinct, not increased by amylnitr.

Aur. d.: Membr. dull, indication of retraction. Aur. s.: Membr. dull, injected. Pharynx: Slight acute swelling and redness of mucuous membr.

$$v\frac{20,00}{aa—1,75}a_1M\frac{15}{9\,^1/_2}a_1A\frac{60}{22}Li\frac{16}{32}Ls\frac{17000}{\quad}$$

22/6: Feels well. Bloodpr. 135. Hemoglb. 93,5.

$$v\frac{20,00}{10,00}a_1M\frac{10}{5}a_1A\frac{44}{30}Li\frac{20}{32}Ls\frac{16000}{15000}\ \div \text{ sp. nyst.}$$

23/6: $$v\frac{20,00}{4,00—6,00}a_1M\frac{11}{8}a_1A\frac{54}{32}Li\frac{15}{24}Ls\frac{15000}{15000}$$

4/10-28: Feels well. Hearing unaltered. Catheterizes himself daily. Keeps his diet. Takes plenty of exercise. Now and then acute pharyngitis followed by a vague and short lasting giddiness.

No. 14. F. born 1889.

Paternal grandmother asthma and, when 30 years, passing deafness without discharge. Father's sister typical migraine. A brother of father ulc. ventr. Another brother of father died when 40 of c. ventr. Father asthma, bronchitis, typical vasomot. rhinit., died when 61 of c. ventr. Mother died when 41, probably of sepsis. Maternal grandfather died at 65 of c. œsophagi. Maternal grandmother died of erysipelas. A brother of mother died of tubercl. No. 2 of 8 children, of these 4 died in infancy, 2 of measles compl. with pneumonia, the 2 others a few days after birth.

When 5 years scrophulosis. When 13 chlorosis. + obstipation. Chilly, extrem. often cold. Perspires with great difficulty. Eats little salt; consumpt. of fluids normal. Diuresis small. Menses now reglr., but formerly at intervals of 6—8 months, always poor, almost always premenst. epistaxis. ÷ urticaria. ÷ eczema. ÷ rheumatism. From 22nd year inclined to tubal stenosis and vasomotor. rhinitis. Nose often stopped up, esp. in the morning.

Pt.'s present trouble began in summer 1912, with an isolated severe attack of giddn. Has no recollection of buzz. in ears or deafness at that time.

Since 1914 periods of diminished hearing, this has been esp. noticeable since 1918. Deafness sometimes bilat. sometimes unilat., can last hours

but also months, varies constantly. Varies, often daily, even in those periods when deafness is worst.

Both ascending and descending periods accomp. by giddn. It varies in severity and duration, sometimes lasting as long as a couple of days and sometimes appearing apoplectiformely. During some attacks there is a distinct apparent movement of surrounding objects from right to left, during others the opposite; sometimes things seem to move vertically with a rapid movement upwards. Attacks generally accomp. by nausea, vomit. and diarrhoea.

The attacks are accompanied by buzz., which, as a rule, are most severe before attacks begin. Buzz. outside attacks very variable, worst when the hearing varies, are almost nil in the worst periods of deafness.

During deaf periods there is a sensat. of pressure on ears, and also severe headache in forehead and crown. At same time extreme lassitude and weakening of memory. During such periods chilly; cold shower baths disagreable and esp. formerly can result in collapse.

During some of the severe attacks, paresthesies in fingers; once tetania in one hand. Pt. has occasionally after an attack has commenced, a feeling of intense heat on one side of face, the one ear becomes red and feels swollen and hot, whilst the other ear is cold.

The attacks come at all times of the 24 hours. Pt. falls to the ground during the apoplectiform attacks; when the ordinary attacks come she can generally manage to reach support.

A feeling of unsteadiness often continues for a long time in between the actual attacks, so that pt. feels seasick, dare not move her head or her eyes quickly, dare not read or write as this can give rise to small attacks.

There is an improvement in hearing during the great majority of attacks.

During the periods of bad hearing music sounds out of tune, and the lower notes are lost. Hearing in telephone impossible; when deafness is at its worst even shouting cannot be heard. Hearing on r. ear even for shouting periodically lost (tested with alarum apparatus in the other ear). In ascending periods the voice often sounds »cracked». Speech is heard but cannot be understood, as the single sounds are not distinguished, but disturbingly »overlap» one another.

In periods of good hearing no attacks, and but seldom headache, no sensat. of pressure on ears. Formerly treated with pilocarpin without result; has tried quinin and thyreoidin, also without result. Frequently treated with catheteriz., thinks is often does good. Has in periods tried treatment in the »bell». Almost always hears better in the »bell» and once also after having left it, but as a rule the hearing goes down again. Hears better on mountains than in valleys.

As a rule buzz. and bad hearing in the morning, as also the unsteady feelings is more pronounced at this time of the day. Buzz. increase from 1 to 1 ½ hours after consumpt. of a considerable quantity of fluid and hearing at same time becomes worse. Hearing improves after exercise,

for instance dancing, also after hemorrhage from nose. Feels better when she takes plenty of exercise and is in fresh air.
Adm. Mun. Hosp. Ear Dept. 28/3-26.

Height 171. Weight 68. Bloodpr. 85, sometimes 105 during an attack. Considerable subcut. tender infiltr. on crura, lesser on upper part of arm and back of neck.
Cav. nasi: Narrow on l. side. Aures: Moderate retraction.

$$v\,\frac{0}{aa}\,a_1M\ (10)\,\frac{0}{0}\,a_1A\ (25)\,\frac{3}{3}\,Ls\,\frac{13500}{11500}\,Li\,\frac{>150}{>150}\,V\,\frac{0{,}20}{}$$

Sitting position ⇄ distinct, head bending to l. ⇄ increasing, head bending to r. almost ceased.
Romberg ÷. Stands steadily on one leg with closed eyes.

Rp. Inj. chl. pilocarp. Daily catheterization.

The following 8 months' acoustic examinations will be found on table below.

Frequent considerable stenosis during stay at hospital, these now and then impassable on either side, for which reasons bougies were used.

Discharged as better 17/4-26, but adm. again 10/5 on account of recurrence of giddn. and deafness. Discharged 19/6-26.

During deaf periods air conduction is heard dully, far off as if through a cushion; as soon as hearing returns the sounds become pure and clear.

Limes superior is higher situated when hearing is bad than when it is good. In bad periods high notes are heard sharply, while in good periods they sound dull. Nyst. observed during the greater number of the attacks of giddn. ⇄, some few times ⇆. The sp. nyst. turns now and then to the opposite side during one and the same attack; is sometimes ↓.

Catheteriz. on l. side always causes severe giddn., at times also on r. side. Pt. becomes giddy if she puts her finger in left ear and during bad periods dare not touch her l. ear at all.

On compr. l. ext. meatus: ⇄. On cessation of compr. a pure ↜ is seen, preceded by a slow phase to the left. On compr. on r. side dubious jerks to the left. Compr. of l. carotis gives now and then jerks ⇝ + giddn. Compr. of r. carotis ÷ nyst., ÷ giddn. Later both from l. and r. side ⇄.
Amylnitrite ⇄:

Sp. nyst. always observable by attacks of giddn.

During last stay in hospital acoustic exam. were made both before and after an apoplectiform attack. The results were as follows:

14/5: 9 o'clock: $v\,\frac{aa}{0{,}30}\,a_1M\ (10)\,\frac{0}{0}\,a_1A\ (25)\,\frac{4}{6}\,Li\,\frac{>150}{>150}\,Ls\,\frac{14000}{14000}$

After catheteriz. $v\,\frac{aa}{>2{,}00}$

9,30 o'clock. Apoplectiform attack with momentary unconsciousness.

10: o'clock v $\frac{aa}{20,00}$ a_1M (10) $\frac{0}{5}$ a_1A (25) $\frac{4}{19}$ Li $\frac{> 150}{36}$ Ls $\frac{14000}{16000}$ Severe r. sided headache. ÷ pressure on l. ear, insignificant l. side buzz. Stenosis on l. side.

After catheteriz. Li $\frac{—}{26}$

Had taken Agurin ctgr 50 × 3 in days previous to 11/5 with good diureses, and pilocarpin (one injection).

Weight 11/5 73 Kilo. Weight 15/5 70 Kilo.

An account has been kept of diuresis for 1 ½ years also of consumpt. of fluids. The spont. diuresis have been about 400 gr with a consumpt. of about 1,000 gr, may now and then, esp. in conjunction with attacks of giddn. reach the double.

The diuresis has always been influenced by agurin, euphyllin, diuretin, and salyrgan. Hearing increased simultaneously. The diuresis has been greater since pt. has been on a reduced salt diet and reduced consumption of fluids and has measured about 600 consumpt. of fluid and output being about the same. Pilocarpin gives no result worth speaking of as was also the case during previous stay in hospital; perspiration moderate, but considerable salivation. Whilst pilocarpin acted the hearing was worse. A single observation is given here.

16/4: v $\frac{0,40}{10,00}$ a_1M $\frac{0}{0}$ Li $\frac{40}{30}$ Ls $\frac{16000}{16000}$ Inject. sol. chl. pilocarp. 60 centigram.

½ hour later: v $\frac{0,50—0,80}{1,00—2,00}$ a_1M $\frac{0}{0}$ Li $\frac{90}{40}$ Ls $\frac{15000}{14000}$

2 hours later: v $\frac{0,50—1,00}{3,00}$ a_1M $\frac{0}{0}$ Li $\frac{55}{26}$ Ls $\frac{16500}{15000}$

2½ hours later: v $\frac{1,00}{< 20,00}$ a_1M $\frac{2}{0}$ Li $\frac{32}{26}$ Ls $\frac{17000}{15000}$

6½ hours later: v $\frac{0,40}{3,00}$ a_1M $\frac{0}{0}$ Li $\frac{55}{36}$ Ls $\frac{15000}{15000}$

During action of pilocarpin injection nyst. ⇄↘, head bending to r.?, head bending to l. ⇝. The nyst. was of the same type after cessation of pilocarpin action, but quite faint.

Injection of sulph. atropic. was tried in some of the attacks of giddn. with good results.

Acoustic examinations of pt. No. 14.

(From 26/8-27 is $a_1M = 15$; $a_1A = 60$.)

Date	v	a_1M (10)	a_1A (25)	Li	Ls	Date	v	a_1M (10)	a_1A (25)	Li	Ls
31/8 1920	11,00 / 0,12	4 / 4	8 / 8	28 / 36	14748 / 13920	9/4	0,25 / 6,00			100 / 60	14000 / 13000
Sept. 1920	0,50					10/4	0,60 / 2,00	3·2 / 1 ½		60 / 40	14500 / 13000
18/12 1920	10,00 / 5,00	4 / 4		20 / 26	15624 / 14748	»	0,50 / 10,00	0 / 2		90 / 25	14500 / 14500
14/11 1922	8,00 / 8,00			20 / 20	13000 / 14000	»	0,50 / 20,00				
8/5 1923	0,10 / 20,00			100 / 26	13920 / 15624	11/4	0,40 / 2,00	1 ½ / 0		65 / 38	14000 / 14000
January 1924	8,00 / 8,00					»	0,40 / 20,00			60 / 28	
22/2 1924	5,00 / 20,00	3 / 8		65 / 26	13920 / 15624	13/4	1,00 / 2,00			60 / 38	
1/3 1924	10,00	6,5 / 6,5		36 / 23	14748 / 16552	»	0,60 / 20,00	0 / 5		60 / 24	
10/4 1924	0,20 / 20,00	vbr. / 4		90 / 26	14748 / 14748	14/4	0,40 / 2,00				
January 1926	0 / 0	0 / 0	0 / 0	>150 / >150		»	0,50 / 20,00				
26/3 1926	aa	0 / 0	3 / 3	>150 / >150	13500 / 11500	15/4	0,50 / 3,00				

27/3 1926	aa / 1,25	0 / 0	3 / 3	>150 / >150	13500 / 13500	15/4	0,50 / 20,00			90 / 24	14500 / 14500	
30/3 1926	0,25 / 0,50					»	0,20 / 20,00			38 / 22	15500 / 15000	
3/4 1926	0,35 / 0,65	1 / 2		36 / 36	14000 / 14000	16/4	0,40 / 10,00	0 / 0		40 / 30	16000 / 16000	
7/4 1926	aa / 0,30—0,40	vbr. / 0		90 / 34	10000 / 13000	»	0,50 / 1,0—2,0	0 / 0		90 / 40	15000 / 14000	
»	0,15 / 2,00	0 / 0		45 / 24	14000 / 14000	»	0,50 / 3,00	0 / 0		55 / 26	16500 / 15000	
»	0,10 / 4,50	6 / vbr.		120 / 36	13000 / 14000	»	1,00 / 20,00	2 / 0		32 / 26	17000 / 15000	
»	0,12 / 20,00	0 / vbr.		120 / 26		»	0,40 / 3,00	0 / 0		55 / 36	15000 / 15000	
»	0,05 / 20,00	0 / vbr.		120 / 23	13000	»	1,00 / 20,00	1 / 1		34 / 28		
9/4	0,40 / 0,80					»	1,00 / 10,00			36 / 24		
»	0,40 / 1,00	vbr. / vbr.		70 / 34	12000 / 13500	»	0,30 / 10,00			32 / 34		
»	0,40 / 3,00	vbr. / vbr.		80 / 28	14000 / 14500	17/4	1,00 / 20,00	1 / 1		34 / 24	17500 / 18500	
»	0,25 / 15,0—20,0	0 / vbr.		60 / 20	15000 / 15000	19/4	0,30 / 13 00			90 / 36		
»	0,12 / 8,00	0 / vbr.			14000 / 13000	20/4	0,10 / 2,00			90 / 40		

Date	v	a_1M (10)	a_1A (25)	Li	Ls	Date	v	a_1M (10)	a_1A (25)	Li	Ls
21/4	1,50			40/28		8/5	0,30/10,00			110/36	
»	4,00			30/24		»	aa/0,20			150/36	
22/4	1,50	2/3		30/24		»	0,10/1,50			150/36	
»	10,00/20,00	3/3		24/22		9/5	0/0	0/0	0/0	>150/>150	
23/4	2,00/20,00	1 ½/4	6/11	32/22		10/5	0/0,30	0/0	2/4	>150/110	13000/14000
24/4	0,50	1/4	5/10	120/24		»	0,25/3,00	vbr./3	7/8	100/36	
26/4	0,30	1 ½/5		120/24		»	0,20/2,00	vbr./4	5/8	100/36	
»	1,50			38/24	17000/17000	»	0,25/2,00		10	65/36	14500/14000
27/4	0,30	3/3	5/3	45/23	17000/15000	»	0,40/2,00	1/3	8/12	55/34	
28/4	0,75	3/6	10/10	38/22		»	0,35/2,50			65/36	
1/5	0,20/20,00	2/4 ½	5/15			»	0,50/20,00			40/36	

3/5	aa / —	2 / 4	4 / 12	>150 / 22	16000 / 18000
»	aa / —	1 ½ / 4	4 / 15		
4/5	aa / 10,00	1 ½ / 3	5 / 14		17000 / 17000
5/5	aa / 1,50	0 / 0	1 / 10	150 / 30	
»	0,50 / 20,00	vbr. / 5	7 / 15	60 / 28	
6/5	aa / 1,50	vbr. / 5	4 / 5	90 / 36	
»	aa / 6,00	0 / 4	4 / 20	>150 / 32	
»	0,20 / 20,00				
»	aa / 0,75	2 / 3	3 / 10	150 / 34	
»	0,30 / 20,00				
»	0,05 / 1,50	0 / 2	3 / 9	110 / 36	14500 / 14000
8/5	0,30 / 0,75	0 / 2	2 / 8	100 / 36	
»	0,30 / 0,50	0 / 2	0 / 15	140 / 45	
11/5	—	0 / 3	4 / 11	100 / 90	14000 / 14000
»	aa / 0,10	0 / 3	4 / 10	>150 / >150	
»	0,15 / 2,50			90 / 70	
»	1,30 / 1,50	0 / 0		55 / 55	
12/5	0,08 / 0,12	0 / 0	2 / 5	120 / 120	14000 / 14000
14/5	aa / 0,30	0 / 0	4 / 6	>150 / >150	14000 / 14000
»	aa / 20,00	0 / 5	4 / 19	>150 / 36	14000 / 16500
15/5	0,30 / 20,00	3 / 5	6 / 20	>150 / 24	
»	0,30 / 20,00			3,8 / 26	
16/5	0,20 / 20,00	6 / 7	6 / 20	150 / 28	14000 / 14000
17/5	0,20 / —	6 / 7	5 / 24	140 / 26	14500 / 13500
18/5	0,10 / —	7 / 7	4 / 28	150 / 28	14000 / 13000
19/5	0,30 / —	4 / 8	5 / 27	90 / 26	13000 / 13000

Date	v	a_1M (10)	a_1A (25)	Li	Ls	Date	v	a_1M (10)	a_1A (25)	Li	Ls
19/5	0,30			38/26		13/6		6/9	6/19	65/23	14000/13500
20/5		4/8	5/25	45/26	13500/13500	14/6	3,00	7/8	7/21	60/26	14500/13000
21/5				30/22	13500/12500	19/6	0,30	6/9	9/27	38/26	13500/12500
23/5		4/9	4/28	120/26	14000/12000	21/6	3,00	6/6	3/24	60/24	13000/13000
»		6/9	8/20	38/26		»	3,00	5/7	3/20	36	14500/13500
25/5		3/7	8/27	150/26	14000/12500	22/6		5/7	4/22	36/26	14000/13000
26/5	0,35	5/7	4/28	45/26		30/6	3,00/20,00	6/8	1/20	80/28	14000/13000
27/5	0,05	5/6	3/20	90/26	13500/13500	2/7	0,30/20,00	6/6 ½	2/22	60/26	14500/13500
28/5	0,20	5/8	2/22	110/24	14000/13500	3/7	20,00/20,00	5/6	5/19	34/26	13000/12000
»	0,40	5/7	5/22	36/24		»	20,00/20,00	5/6	5/20	34/32	14000/13000
29/5		4/6	3/24	110/24		»	0,50/20,00	4/6 ½	4/19	90/26	

30/5		5/8	4/20	110/30		12/7	0,20/20,00	4/6	4/22	90/26	14500/13500	
»		6/7	3/15	110/24	14500/13500	13/7	1,00/20,00	4/5	8/20	40/26	14500/13000	
1/6	0,35/20,00	5/7	3/20	110/30		14/7	12,00/20,00	5/7	8/15	36/24		
3/6	0,20	4/6	5/22	70/26	13500/13500	15/7	10,00/20,00	3/5	2/15	36/24		
»		7/10	3/27	38/24	14000/13500	17/7	20,00/20,00	6/6	10/22	32/26	14000/12500	
4/6	3,00/20,00	5/7	2/17	34/24		19/7	0,25	7/6	5/20	90/30	14000/12500	
6/6	1,00	7/9	4/22	60/24	13500/13000	20/7	10,00/20,00	5/6	3/18	36/24		
8/6	5,00/20,00					»	10,00/20,00	6/7	5/18			
10/6	6,00/20,00	4/8	3/7	50/28	12000/13000	26/7	0,35/20,00	4/6	4/17	120/26	16000/15000	
»	10,00/20,00	6/7	7/23	36/24	13500/12500	»	1,00	5/6	4/20	45/24		
11/6		5/5	3/18	90/24		27/7	0,75/20,00	4/8	7/22	100/26	16000/15000	
»		6/6	5/17	36/24		28/7	0,10	2/7	0/19	150/26		
12/6		1/6	10/20	50/26	14500/13500	29/7	0,25—0,6	5/6	0/17	150/28	14748/14748	

Date	v	a_1M (10)	a_1A (25)	Li	Ls
30/7	0,25—0,30	4/8	0/20	90/28	
2/8	7,00		2/15	38/32	
»	0,30	vbr./vbr.	0/15	150/38	
3/8	0,35/20,00	0/0	0/9	75/38	
»	0,20/20,00	0/0	0/11	130/38	
»	aa/9,00	0/0	0/6	150/40	12400/11500
4/8	0,10/0,30	0/0	3/7	150/38	
»	aa/1,00	0/0	3/7	150/38	14748/12400
»	0,10/2,00	0/0	0/7	90/36	
»	aa/2,50	0/0			14748/13920
»	0,20—0,3/4,00	vbr./vbr.	3/7	80/32	

Date	v	a_1M (15)	a_1A (60)	Li	Ls
26/8	0,10—10,0/1,0—20,00	0/0	15/15	55/55	13000/13000
27/8	0,8—2,0/2,0—6,00	0/0	17/27	40/36	
»	0,10—1,0/0,75—4,0	0/0	14/29	50/38	
»	aa/0,25	0/0	12/23		
»	0,10—4,00/1,5—20,00	0/0	9/30	55/32	
28/8	aa—025/0,25—4,0	0/0	5/20	80/38	
»	0,20—1,0/3,0—20,00	vbr./vbr.	5/25	50/38	
»	1,0—20,0/20,00	0/0		45/36	
»	0,20—7,0/20,00	0/0	12/33	38/30	
»	14,0—20,0/20,00	8/10 ½	15/33	24/24	
29/8	14,0—20,0/10,0—20,0	0/0	12/30	40/36	

4/8	0,20 / 10,00	0 / 0	0 / 7	65 / 36	
»	0,10 / 2,00	vbr. / vbr.	0 / 5	90 / 38	
5/8	0,10 / 20,00	0 / vbr.	0 / 7	150 / 34	14748 / 13920
»	0,25 / 20,00	0 / 0	0 / 7	90 / 36	
»		0 / 0	0 / 7	>150 / 30	14748 / 13920
6/8	aa / 20,00	0 / 0	0 / 5	110 / 36	13920 / 13920
»	5,00 / 20,00			55 / 34	
7/8	0,5—10,00 / 20,00	0 / 0	0 / 7	60 / 30	
8/8		2 / 3	5 / 9	40 / 36	13920 / 13920
9/8	0,75 / 20,00	vbr. / vbr.	5 / 9	38 / 36	
»	0,10—1,00	3 / vbr.	5 / 5	34 / 28	
»	0,20—8,00 / 20,00	0 / 2	0 / 5		12500 / 12500
11/8	1,00 / 20,00	vbr. / vbr.	2 / 5	70 / 28	

29/8	0,20—1,0 / 20,00					
»	0,20—7,0 / 15,0—20,0	vbr. / vbr.	20 / 40	36 / 28		
»	0,10—6,0 / 20,00	0 / 0	12 / 20	70 / 38		
30/8	aa / aa	0 / 0	10 / 6	90 / 90		
»	0,20 / 1,00	vbr. / 0	12 / 31	40 / 36		
»	0,20—1,0 / 20,00	8 / 8	22 / 48	40 / 38		
1/9		10 / 10	9 / 31	60 / 30		
»	aa / 4,00	10 / 9	8 / 38	38 / 28		
13/10	0,10 / aa	0 / 0	25 / 8	38 / 26	11000 / 10000	
»	0,20 / 2,00	0 / 0	15 / 8			
»		0 / 0	30 / 15	36 / 45	11000 / 11000	
14/10	0,20 / 2,00	0 / 0	20 / 10	60 / 60	11000 / 11000	
»	0,05 / 0,25					

Date	v	a_1M (15)	a_1A (60)	Li	Ls	Date	v	a_1M (15)	a_1A (60)	Li	Ls
14/10	0,20 / aa	0 / 0	15 / 10	60 / 90	12000 / 12000	20/10	0,25—10,0 / 0,75—20,0	vbr. / 0	15 / 20	36 / 36	
15/10	0,30 / 0,30					»	8,00 / 20,00	7 / 3	20 / 35	36 / 36	
16/10	0,10 / 1,50					21/10	17,00 / 20,00	6 / 6	15 / 10	38 / 34	12000 / 12000
»	0,05 / aa	0 / 0	15 / 5	150 / >150	13000 / 13000	29/10	0,50 / 20,00	5 / 0	20 / 15	36 / 28	
»	0,20 / 1,5—2,00					6/11	0,25 / 0,50	0 / 0	20 / 15	48 / 40	
17/10	aa / 0,20					»	4,00 / 2,50		37 / 20	36 / 40	
18/10	aa / aa	0 / 0	7 / 8	90 / 90		»	20,00 / aa—20,00		27 / 20	28 / 30	
»	0,25 / 2,00	0 / 0	27 / 20	60 / 60	12000 / 12000	9/11	aa—20,00 / 1,0—20,00	3 / 2	25 / 25	26 / 28	
19/10	0,25 / 0,10	0 / 0	15 / 20	60 / 60		13/11	aa—20,00 / aa—20,00		20 / 9	34 / 36	
20/10	0,25 / 3,00	0 / 0	15 / 20	60 / 60		15/11	4,00 / 1,00	0 / 0	21 / 10	36 / 50	
»	0,25 / 0,75										

28/8-26: Salyrgan expm. No. 30. (Vol. I, pag. 54).

13/10-26: Salyrgan expm. No. 31. (Vol. I, page 54).

No. 15. M. born 1902.

Paternal grandfather deaf during his later years, died at the age of 81. Father's brother deaf from 40th year.

Bad passage of air through l. nostril from childhood and often left sided buzz. Nose operated on a year ago, since then passage better.

Slight attack of giddn. 2 years ago, since number of slighter attacks; they only come when he is walking. Feels as if the pavement slips away, has to catch hold (to the r.). Never nausea or vomit. Simultan. l. sided headache and feeling of pad over l. ear. Declares that he hears all right; first on closer exam. admits he does not hear so well on l. ear when giddy. Never any buzz. Never discharge. Tendency to cold feet. Faints if he is only frightened, is cold or sees blood; was twice vaccinated as adult, fainted both times. Sweats normally. Considerable consumpt. of fluid. Normal consumpt. of salt.

24/8-26: $v\frac{20,00}{0,40}\,V\frac{20,00}{10,00}\,a_1M\frac{14}{6}\,a_1A\frac{41}{15}\,Li\frac{21}{32}\,Ls\frac{18584}{13920}$

Sp. nyst. ⇄, head bending to l. →, head bending to r. ←?
Adm. Mun. Hosp. Ear Dept. 31/8-26.

Aur. d. et s.: Very pronounced retract. esp. on r. side. Inject. of membr. flaccida and along man. mallei. Cav. nasi: Sept. deviating to l.

$$v\frac{20,00}{1,00}\,V\frac{}{20,00}$$

Sp. nyst. ⇄. Headbend. to l.: Nyst. increases. Headbend. to right: Nyst. decreases.

10 rot. $\frac{\text{increased} \rightarrow 32''}{\leftarrow 32''}$

Compr.-aspir. in ext. meatus, compr. of tragus, compr. of carotis, amylnitr.: Nyst. unaltered.

1/9: Weight 75. Height c. 175.

11 o'clock: $v\frac{17,00}{0,25}\,a_1M\frac{14}{4}\,a_1A\frac{21}{6}\,Li\frac{15}{24}\,Ls\frac{18584}{13920}$

16.30: o'clock: $v\frac{14,00}{aa—0,05}\,a_1M\frac{7}{3}\,a_1A\frac{23}{8}\,Li\frac{15}{19}$

Greater tension in head. Closed sensation, esp. on l. ear. ÷ buzz.

Sp. nyst. ⇄. Amylnitr.: Cessation of nyst. ÷ buzz. 10 mins. later nyst. ⇄↘. The sp. nyst. ceases on compr. of carotis on l. side but appears again immediately compr. ceases. Nothing reliable by compr. of tragus and air compr.

Rp. Scotch douche. Catheteriz.

2/9: $v\frac{20,00}{1,00}\ V\frac{}{15,00}\ a_1M\frac{7}{3}\ a_1A\frac{26}{9}\ Li\frac{15}{19}$

3/9: $v\frac{}{0,25}\ a_1M\frac{10}{3}\ a_1A\frac{31}{10}$

4/9: Rp. Reduced consumpt. of salt.

5/9: $v\frac{}{2,00}\ a_1M\frac{9}{6}\ a_1A\frac{30}{15}\ Li\frac{16}{16}$

7/9: $v\frac{}{2,25}\ a_1M\frac{15}{4}\ a_1A\frac{}{19}\ Ls\frac{17536}{17536}$

8/9: $v\frac{}{2,75}\ a_1M\frac{15}{8}\ a_1A\frac{}{15}$

9/9: $v\frac{}{3,50}\ a_1M\frac{15}{7}\ a_1A\frac{}{22}$ For first time slight buzz. on l. side.

10/9: $v\frac{20,00}{5,00}\ a_1M\frac{15}{8}\ a_1A\frac{47}{25}\ Li\frac{21}{22}$

11/9: $v\frac{}{8,00}\ a_1M\frac{}{9}$

13/9: $v\frac{20,00}{8,00}\ a_1M\frac{14}{6}\ a_1A\frac{42}{19}\ Li\frac{16}{16}$

15/9: $v\frac{20,00}{8,00}\ a_1M\frac{14}{7}\ a_1A\frac{51}{30}\ Li\frac{16}{16}$

Buzz. again yesterday, heard as low notes.

When blood was taken to-day for Wassermann, pt. became at once bluish grey in the face, lips cyanotic, did not loose consciousness and pulled himself together quickly.

17/9: Buzz. all the last day. $v\frac{20,00}{8,00}\ a_1M\frac{11}{9}\ a_1A\frac{42}{20}$

Discharged.

Examined 14 days after $v\frac{}{20,00}$

25/10: Perfectly well: $v\frac{20,00}{20,00}\ a_1M\frac{13\frac{1}{2}}{14\frac{1}{2}}\ a_1A\frac{57}{58}\ Li\frac{15}{15}\ Ls\frac{17000}{17000}$

15/12: Feels well. ÷ buzz.: $v\frac{20,00}{20,00}\ a_1M\frac{11}{11}\ a_1A\frac{55}{55}\ Li\frac{15}{15}\ Ls\frac{18548}{18548}$

Bloodpr. 115.

No. 16. F. born 1870.

Maternal grandmother died at 60 of asthma. Mother often suff. from headache, probably migraine, died of c. ventr. Father healthy, died of c. oesophagi. No. 5 of 8 children. All 4 sisters typical migraine, brothers healthy. One sister suffers from swellings of all the salivary glands, and slight struma, has also a Menière disease (No. 10).

From childhood headache accomp. by nausea and vomit. Headache better after climacterium. In 1897 r. ovary was removed on account of inflammation. Menses early and reglr.; miscarried 35 years ago. Never partus. Menostasis 15 years ago (1911). About 3 years ago suppur. on r. ear lasting for 3 weeks. Since then no ear trouble.

Severe buzz. in l. ear a fortnight before adm. to hosp., also slight buzz. in r. ear. Hearing bad for a couple of days, but now hears all right again.

8 days before adm. very hot in her head with sensation of being about to fall, at same time »complete paralysis of both arms». No nausea or vomit.; attacks soon disapp. Severe headache, esp. in theca and in l. temple. In later years swelling in the face and on back of hands. Rheumatism in finger joints and right elbow. Treated 3 times in 1923 with Röntgen rays for swelling of neck.

Much troubled by congest. ever since the menopausis, not, however during last 6 months. Feels best in warmth; pressure in head then disappears and she perspires freely. Pt. is obliged, when pressure in head is severe, to go for a long walks (is a good walker), pressure then ceases; is now and then obliged to get up in night and go for walks.

Sensation of pricking and numbness in l. hand and on dorsal side of l. arm. Air passage in nose bad, worst in the morning, often pressure over root of nose, for which reason uses smelling salts several times a-day. No abnormal secretion from nose. Often burning smartings in eyes, simultan. with pressure in head. No palpitations. Does not consider herself nervous. Sleeps well when free from headache.

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Height 159. Weight 68,0. Bloodpr. 135. Hemoglb. 90.

Left side of face more highly coloured than right. Thyr. gland diffusely increased. Throat circumference 35 ctm (r. wrist 15,5 ctm) ÷ exophthalmus.

Fairly stout. Typical subcut., tender infiltr. found in epigastrium, along curvature, on outer side of upper arm, on medial side of knees or on back. Impression of fingers remain visible on back of hand. Abdomen large with striæ.

Aur. d.: Slight retraction, inject. along manubrium. Aur. s.: Corresponding, but more pronounced changes. Tenderness of l. proc. mast. and l. lobulus.

Back position distinct ↷. Left side position same as back position. R. side position: both eyes, esp. l. deviate to r., now and then rapid jerks to the opposite side. Romberg: Slight tottering.

Compr. of carotis, compr. of air and aspir. in ext. meatus cause no alteration of nyst. Extremely giddy by the rotation test, which therefore cannot be carried through.

$$v\frac{20{,}00}{20{,}00}\,a_1M\ (10)\,\frac{6}{7}\,a_1A\ (25)\,\frac{20}{20}\,Ls\,\frac{17000}{17000}\,Li\frac{24}{24}$$ at least (lowest tuning fork under repair).

Rp. Universal massage, gymnastics, scotch douche.

20/5: Still headache, bilat. tubar stenosis, sp. nyst. ⇄.

22/5: Rp. Agurin ctgr 50 × 3.

28/5: Nyst. unaltered.

31/5: Back position ⇄; r. side position →; l. side position principally deviation to r. with some jerks →. Forw. bend. ←.

4/6: Feels better. Perspires a good deal at night. Minimal nyst. ↘; side position ÷.

8/6: Begins to feel pressure in head.

Rp. Diuretin ctgr 50 × 3.

15/6: Taken cold. Eyes smart. Const. nyst. ⇄.

Rp. Pill. thyreoidini 1 × 3.

20/6: Slight sensat. behind l. ear. Proc. mast. s.: Slight tenderness.

22/6: $v\frac{20{,}00}{20{,}00}\,a_1M\ (10)\,\frac{8}{7\,^1/_2}\,a_1A\ (25)\,\frac{20}{21}\,Li\,\frac{15}{18}\,Ls\,\frac{17000}{17500}$ Sp. nyst. →.

3/7: Sep. Diuretin. Rp. Catheterization.

6/7: Headache and buzz.

2/7: Worse since leaving off diuretin, therefore.

Rp. Diuretin ctgr 50 × 3.

13/7: $v\frac{20{,}00}{20{,}00}\,a_1M\ (10)\,\frac{8}{6\,^1/_2}\,a_1A\ (25)\,\frac{21}{22}\,Li\,\frac{15}{15}\,Ls\,\frac{16750}{16500}$

÷ nyst.; when looking forward, when looking to left →.
Weight 66. Discharged.

18/7: Bilat. stenosis. Pressure in r. ear.

20/7: Yesterday afternoon attack of giddn. lasting 3 hours. Passed water 3 times during attack; believes she has passed 500 cm³ in course of the 3 hours. ÷ nyst.

21/7: Pressure in l. ear.

6/8: $v\frac{20{,}00}{20{,}00}\,a_1M\ (10)\,\frac{7}{6\,^1/_2}\,a_1A\ (25)\,\frac{17}{17}\,Li\,\frac{15}{24}\,Ls\,\frac{18584}{19688}$

Giddn. and pressure in head.

30/8: $a_1M\ (15)\ \frac{14}{13}\ a_1A\ (60)\ \frac{60}{45}\ Li\ \frac{16}{24}$ ÷ buzz.

12/9: Bilat. stenosis.

14/9: Emphysema results from attempt to pass l. tuba.

13/10: During last few days conjunctivitis. ÷ coryza ÷ tubal stenosis.

20/11: $v\frac{20{,}00}{20{,}00}\ a_1M\frac{20}{17}\ a_1A\frac{65}{52}\ Li\frac{15}{15}\ Ls\frac{15000}{15000}$

Sp. nyst. ⇄; increases on headbend. to left.

Has been for some time on a diet with reduced consumption of salt.

26/11: Bloodpr. 150. Weight 68,0. Sep. diet.
Sp. nyst. →. Complains of giddn., nausea, buzz., headache and tension in temples.

9/12: Feels better. $v\frac{20{,}00}{20{,}00}\ a_1M\frac{20}{18}\ a_1A\frac{67}{65}\ Li\frac{15}{15}\ Ls\frac{17536}{17536}$

Bloodpr. 135. Weight 67,0.

21/1-27: In spite of slight complains feels very well and much better than when adm. Not giddy.

17/3: Another attack of giddn. 2 days ago. Sp. nyst. ↘.

28/2: Const. giddn. Sp. nyst. ↘.

$a_1M\frac{13}{14}\ a_1A\frac{45}{46}\ Li\frac{16}{16}\ Ls\frac{18000}{18000}$ + buzz.

Rp. Thirst cure. Extra ration of salt.

3/3: Buzz. disapp. Giddn. much less; only complains of thirst. Diuresis exceeds consumpt. of fluids.

10/3: Weight 64,5. Bloodpr. 178.

17/3: Weight 65,5. Bloodpr. 170. Wakes every morning with headache; giddy esp. when walking, feels »heavy as lead».

$v\frac{20{,}00}{20{,}00}\ a_1M\frac{14}{14}\ a_1A\frac{65}{64}\ Li\frac{15}{17}\ Ls\frac{19000}{19000}$

31/3: Obstipation.

Rp. Nujol.

13/4: Const. headache.

Experimentally sep. thyreoidin.

1/4: Very nervous; declares very decidedly that she cannot do without thyreoidin. Tension all over throat and face. Cannot sleep.

Rp. Pill. thyreoidini 1 × 3.

26/4: »Tension in throat and face disappeared a few hours after beginning thyreoidin.»

Cont. Pill. thyreoidini 2 × 3.

5/5: Feels very well. Is like another being. Bloodpr. 120. Weight 63,5.

7/7: Weight 62,5. Feels well.

27/8: Pressure in head again, esp. on right side, pricking sensat. on l. side in ear and throat. ÷ sp. nyst. Bilat. tubar stenosis.

19/9: Sp. nyst. $\rightleftarrows$. Feels unwell. Tubæ free.

No. 17. M. born 1858.

Father died of heart stroke 70 years old. Mother died of appendicitis. No. 3 of 8 children. 4 dead, cause unknown. One brother suffers from giddn.

Tendency to rheumatism; hands always cold. Otherwise well until present trouble began about 1918 with a progress. bilat. deafness. ÷ buzz. Hearing improved after catheteriz. June 1922 attack of giddn. during the night, accomp. by nausea and vomit., much aggrav. when lying on l. side. No increase of deafness during attack and no buzz. A few months later another attack. Since then several slighter attacks. Pt. feels lassitude, disinclined to brain work, feels malaise when looking upward or to the side.

Treated with catheteriz. 6 months prior to adm.

24/10: Feeble →.

Adm. Mun. Hosp. Ear Dept. 31/10-25.

Aur. d.: Exostoses. Slight retract. Aur. s.: Exostoses. Background not to be seen.

$$v\frac{4{,}00}{3{,}00}\,a_1M\ (10)\ \frac{10}{10}\ a_1A\ (25)\frac{20}{20}\ Li\frac{22}{24}\ Ls\frac{7800}{8768}\ R\frac{+}{+}$$

÷ sp. nyst. in diff. head positions.

Romberg. Compr. of carotis, compr. of tragus, compr. and aspir. in ext. meatus, amylnitr. ÷.

$$10\ \text{rot.}\ \frac{\rightarrow\ 80''}{\leftarrow\ 85''}\ \text{Calor}\ (18°)\frac{40''\ \text{feeble}\ \rightleftarrows\ +\ \text{reversal}}{45\ \text{feeble}\ \rightleftarrows\ +\ \text{reversal}}$$

(The feeble reaction is perhaps due to exostoses in ext. meatus.)

Counterroll. 60°, to r. 4°, to l. 8°. Head bend. to l. ←.

Rp. inj. chl. pilocarp.

2/11: Lumb. punct.: Pressure 220, cells 0/3.

4/11: Giddn. and nausea in the morning.

5/11: Still nausea, headache and slight giddn. also inconsiderable, buzz. in r. ear.

Distinct nyst. on turning eyes to left. R. side position nyst. unaltered. L. side position, slight ↘, (possibly previously present). Forw. bend. unaltered. Compr. and aspir. in r. ear give no reliable results.

7/11: Headache in back of head.

8/11: Nyst. →; somewhat more pronounced in l. side position.

9/11: $v\frac{18,00}{16,00}\,Ls\frac{7000}{6200}$

Discharged.

14/3-24: $v\frac{2,50}{2,50}\,a_1M\ (10)\,\frac{10}{9}\,a_1A\ (25)\,\frac{18}{18}\,Li\,\frac{22}{22}\,Ls\frac{6900}{6900}$

Has been very giddy, more than before; cannot bear turning to left. Considerable buzz., esp. in l. ear. Very sensitive to sound. Sensation of closing in both ears. Feels best in open air.

13/5: $v\frac{1,00}{0,30}$ After Politzer $v\frac{>6,00}{>6,00}$ (but not for S-sounds) $Ls\frac{<6000}{<6000}$

10/6: $v\frac{12,00}{20,00}$ (but not for S-sounds) $Ls\frac{<6000}{<6000}$

21/11: $v\frac{0,20}{0,40}\,V\,\frac{20,00}{20,00}\,a_1M\ (10)\,\frac{10}{10}\,a_1A\,(25)\,\frac{21}{18}\,Li\,\frac{22}{22}\,Ls\,\frac{12000}{12000}$

A little giddy during last few days, but feels well otherwise.

12/12: $v\frac{8,00}{6,00}\,a_1M\ (10)\,\frac{9}{10}\,a_1A\ (25)\,\frac{20}{20}\,Li\,\frac{18}{23}\,Ls\frac{<6000}{<6000}$

21/5-26: Has been treated with catheteriz. Feels well. Giddn. but slight. ÷ buzz. Hyperaesthesia acustica on l. side, but less than formerly. ÷ feeling of pressure.

$v\frac{5,00}{4,00}\,Li\,\frac{26}{24}\,Ls\frac{<6000}{<6000}$ ÷ sp. nyst.

4/6: $v\frac{1,50}{2,00}\,a_1M\ (10)\,\frac{9}{12\frac{1}{2}}\,a_1A\,(25)\,\frac{22}{22}\,Li\,\frac{34}{30}\,Ls\frac{<6000}{<6000}$

Listening in telephone with left ear painful. L. ext. meatus sensitive to touch.

31/1-27: During last 4 months coli-pyelitis. Giddn. increases when pt. rises and lies down or turns his head. Fell in street a week since on making a quick movement with head. Gait unsteady. Buzz. and headache on l. side.

Bloodpr. 115. Feeble ↓.

$v\frac{4,00}{2,00}\,a_1M\frac{14}{13}\,a_1A\frac{45}{59}\,Li\,\frac{24}{21}\,Ls\frac{<6000}{<6000}$

No. 18. M. born 1890.

Father died of pneumonia. Mother healthy. No special fam. dispos. Wife and children healthy.

Bad hearing esp. on r. side from childhood. Never discharge. 1923 suddenly very deaf on l. ear, treated with panitrin, after which hearing was good for 6 weeks. December 1923 attack of giddn. with vomit. Since then numerous attacks, but for 2 years was free. Always buzz. in l. ear before attacks; hearing improves as soon as attack has passed and tension in left ear ceases. Never any buzz. or tension in r. ear. During attacks buzz. sound like ringing and clanging of bells, otherwise like murmuring shells.

Treated with pilocarpin and catheteriz. after which hearing was better for 6 months; then again attacks of giddn. again treated with pilocarpin and catheteriz., after which felt well up to 6 weeks ago, when he had a feeling of closure on l. ear and the buzz. grew worse.

Hearing varies on l. ear, but pt. thinks that hearing on r. ear has remained unaltered for 30 years. From former notes, however, it is evident that hearing has been variable on this side also. Feels worst in the morning, gets better later on in the day and can feel perfectly well in the evening if he is in company and dances. Can go to bed hearing normally and wake up stone deaf.

From 4 to 8 hours after pt. has drunk only ½ a glass of apollinaris he becomes deaf, the same after he has drunk 2 bottles of light beer; if he drinks half a glass he does not notice the decrease of hearing before a longer time has elapsed. Perspires very easily. Hearing improves as soon as he perspires. Hears worst in the morning, has pressure on l. ear. Takes but little exercise; feels best after a run. Normal consumption of salt. Considerable consumpt. of fluids.

16/5-24: $v\frac{1,00}{3,00}\,Ls\,\frac{12000}{12000}$; 24/5 $v\frac{3,00}{8,00}$; 30/5 $v\frac{3,00}{8,00}$

27/9-24: $v\frac{1,50}{2,50}$; 28/9 $v\frac{3,00}{7,50}$

Adm. Mun. Hosp. Ear Dept. 18/1-27.
Aur. d.: Membr. dull, thickened, deep retract. round proc. brevis, manubrium perpendicular. Aur. s.: Same conditions, only a little less pronounced ÷ sp. nyst. Bloodpr. 165. Weight 82,5. Height 174. Pulse 84.

Slight exophthalmus, most distinct on r. side. Side flaps of thyreoid gland rather large, equal on both sides.

$$v\frac{0,30}{0,50}\,V\,\frac{20,00}{20,00}\,a_1M\,\frac{18}{13}\,a_1A\,\frac{18}{25}\,Li\,\frac{30}{18}\,Ls\,\frac{12000}{12000}\,R\,\frac{\div}{\div}\,W\uparrow$$

÷ sp. nyst. in diff. head positions. Tubæ free.

After catheteriz. $v\frac{0,30}{0,75}$

24/1: $v\frac{0,30}{0,10}\ a_1M\ \frac{15}{12}\ a_1A\ \frac{35}{18}\ Li\ \frac{24}{24}\ Ls\ \frac{16000}{16000}\ R\ \frac{\div}{\div}$ Bloodpr. 145.

Weight 82,5. ÷ sp. nyst. ÷ tubal stenosis.

Rp. Reduced consumpt. of salt and fluids.

31/1: $v\frac{0,70}{1,00}\ a_1M\ \frac{15}{13}\ a_1A\ \frac{40}{35}\ Li\ \frac{24}{15}\ Ls\ \frac{15000}{18000}\ R\ \frac{+}{+}$

Weight 81,0. Bloodpr. 115. Rather thirsty the first few days, but not later. Feels perfectly well.

7/2: Feeling of closing in l. ear. Weight 80. Bloodpr. 130.

$v\frac{0,70}{0,75}\ a_1M\ \frac{16}{14}$

Rp. Catheterization.

10 mins. later: $v\frac{0,70}{1,00}\ a_1M\ \frac{20}{14}\ a_1A\ \frac{32}{30}\ Li\ \frac{28}{15}\ Ls\ \frac{12000}{17000}$

24/2: Influenza for 10 days. No giddiness or buzz., although treated with salicyl. Has been almost »stone deaf». Now better again; has not heard so well the last 6 months. The longer he keeps his bed, the worse he hears.

Weight 79. Bloodpr. 106. $v\frac{1,25}{1,00}$

11/4: Hearing varies. At present time buzz. in l. ear, not in right. Weight 77,0. Bloodpr. 115.

$v\frac{0,35}{0,35}\ a_1M\ \frac{22}{16}\ a_1A\ \frac{30}{30}\ Li\ \frac{24}{30}\ Ls\ \frac{14000}{15000}\ R\ \frac{\div}{\div}$

Rp. Pilocarpin gtt. 15 vesp.

22/4: After having taken pilocarpin for 2 days violent buzz. in l. ear and after that a severe attack of giddn. for ½ an hour with sensat. of rotat. from l. to r. Has not had such a severe attack for last 2 years. Buzz. ceases after attack, but pt. does not think that hearing improves: Since felt unusually well.

$v\frac{0,35}{0,50}\ a_1M\ \frac{16}{10}\ a_1A\ \frac{25}{40}\ Li\ \frac{36}{16}$ Bloodpr. 115.

Weight 76,0. Thirsty. No trace of buzz.
Sp. nyst. ⇆ varying slightly.

No. 19. F. born 1889.

Father died of influenza 60 years of age. Mother suffers from typical Menière attacks (No. 31 of these cases), besides nervous and very stout.

No. 1 of 3 children. Always headache and in later years vasomotor rhinitis. Spanish sickness in 1919, in bed for 3 weeks. Often pressure on both ears. Last 9 months often giddy; attacks of short duration in which patient was obliged to catch hold. During same periods slight buzz. in l. ear. Buzz. increased during last 3—4 days and there has also been nausea. Pt. feels confused, has headache and buzz. in l. ear. ÷ diplacusis. Has not noticed deafness. Chilly. Normal consumpt. of salt. Drinks a great deal. Diuresis good. Perspires normally. Menses very sparing, formerly at intervals of from 5 to 8 weeks; menses in later years regular, with premenstrual pains. No gastrointest. sympt. ÷ paraesthesies. Rheumatic pains now and again in back of neck and shoulders. Feels tired.
Adm. Mun. Hosp. Ear Policl. 21/6-26.

Height 160. Weight 54. Pale, complexion yellowish. Tender infiltr. on crura, femora and in back of neck.
Aures: Norm.

Distinct $\overrightarrow{\leftarrow}$. Sidebend. to l. increased pure $\rightharpoonup$. Sidebend. to r.: ÷ nyst.

$$v\,\frac{20{,}00}{20{,}00^{*}}\,a_1M\,(10)\,\frac{10}{10}\,a_1A\,(25)\,\frac{27}{23}\,Li\,\frac{23}{24}\,Ls\,\frac{13000}{13000}$$

(* but not for numbers with a low pitch).

On r. side nose is so narrow that the catheter passes with difficulty. L. sided tubal stenosis.

Rp. Catheterization. Scotch douche.

22/6: Const. l. sided stenosis. Blowing sound on r. side.

15/7: Giddy after catheteriz. on r. side.

30/7: Violent nausea and headache. Pressure on ears, also somewhat giddy yesterday. Const. tubal stenosis.

$$v\,\frac{20{,}00}{20{,}00}\,a_1M\,(10)\,\frac{8}{9}\,a_1A\,(25)\,\frac{19}{22}\,Li\,\frac{16}{16}\,Ls\,\frac{18584}{18584}$$

28/8: Const. nyst. $\overrightarrow{\leftarrow}$. ÷ buzz. ÷ stenosis.

$$v\,\frac{20{,}00}{20{,}00}\,a_1M\,\frac{17}{16}\,a_1A\,\frac{62}{66}\,Li\,\frac{15}{15}$$

21/1-27: Feels well. Only once insignificant buzz. Slightly giddy in the morning.
÷ sp. nyst. in the diff. head positions.

$$v\,\frac{20{,}00}{20{,}00}\,a_1M\,\frac{12\frac{1}{2}}{12}\,a_1A\,\frac{65}{65}\,Li\,\frac{15}{15}\,Ls\,\frac{17000}{17000}$$

24/6: No buzz. for 6 months.

$$v\,\frac{20{,}00}{20{,}00}\,a_1M\,\frac{15}{15}\,a_1A\,\frac{43}{43}\,Ls\,\frac{15000}{17000}\,Li\,\frac{15}{15}$$

22/9. Feels well. Weight 57,0. Bloodpr. 115. Hemoglb. 82.
÷ sp. nyst. 5 rot. $\frac{\rightarrow 55''}{\leftarrow 29''}$

Calor 18° (minimal) $\frac{17'' \overset{\rightarrow}{\curvearrowright} + \text{reversal}}{22'' \overset{\leftarrow}{\curvearrowleft} + \text{reversal}}$

Amylnitr. distinct $\nearrow\!\!\sim$. Giddy. Rotatory component becomes more distinct during fading.

No. 20. F. born 1901.

Father deaf on one ear. Mother healthy. No. 2 of 2 children.

Earache as a child. Adenotomia when 6 years old. Often taken iron for anemia. Pronounced obstip. Hands always cold. Always tired. No abnormal secretion from nose, but it is often stopped up, and she sneezes a great deal.

÷ paraesthesies. Menses reglr., last 3 to 5 days, without molimina. Small consumpt. of fluid and salt. ÷ rheumatism. ÷ eczema. ÷ urticaria.

Treated in november 1925 for giddn., which showed itself as seasick sensat.; does not think she had buzz. in ears at that time. 1926 a little varying buzz. Does not know when hearing first began to grow bad; went to ear specialist for first time 9/9-26. At that time tubal stenosis.

9/9: $v\frac{0,25}{4,00}$; 11/9 $v\frac{2,00}{5,00}$; 20/9 $v\frac{4,00}{7,00}$; 5/10 $v\frac{5,00}{8,00}$

2/3-27: $v\frac{5,00}{8,00}$ Const. r. sided stenosis.

Was treated with catheteriz., in pt.'s own opinion without effect. Mun. Hosp. Ear Policl. 4/3-27.

Pt. is pale. Although thin, tender subcut. infiltr. on upper arm, back of neck, femora and crura. Weight 57,5. Height 162,5.
Bloodpr. 119. Pulse 76. Hemoglb. 82 %.
Aur. d.: Membr. atrophic. Manubr. perpendicular, retracted. Aur. s.: Membr. atrophic. ÷ retraction.

$$v\frac{5,00}{20,00}\,a_1M\frac{16}{22}\,a_1A\frac{40}{50}\,Li\frac{32}{32}\,Ls\frac{17000}{18000}\,R\frac{+}{+}$$

Sep. Catheterization. Rp. Pill. ferrolyt. comp. 2 × 3.

13/3: Weight 57,0. Bloodpr. 105. Less weary.

$$v\frac{20,00}{20,00}\,a_1M\frac{18}{25}\,a_1A\frac{45}{53}\,Li\frac{32}{32}\,Ls\frac{18000}{19000}$$

8/4: Pressure on r. ear; less weary. Weight 56,5.

13/4: Woke up yesterday with giddn. and vomit. Everything revolves. Giddn. aggrav. by movement. Giddy all day; also headache. Heard badly on r. ear during and after attack; pressure in r. ear. Often pressure in ear also outside attack. Great lassitude.

÷ sp. nyst. in the diff. head positions. Weight 56,4. Bloodpr. 100.

$$v\,\frac{0{,}50—2{,}00}{20{,}00}\;a_1M\,\frac{14}{16}\;a_1A\,\frac{40}{52}\;Li\,\frac{32}{24}\;Ls\,\frac{18000}{18000}$$ Catheteriz. free passage.

21/4: Repeated attacks of giddn. during last days with frontal headache, no buzz. in last days, but fairly severe in r. ear prior to that time. Weight 57,1. Sp. nyst. $\overset{\nearrow}{\rightarrow}$.

$$v\,\frac{2{,}00—20{,}00}{20{,}00}\;a_1M\,\frac{17}{16}\;a_1A\,\frac{40}{52}\;Li\,\frac{34}{24}\;Ls\,\frac{18000}{18000}$$

Rp. Euphyllin ctgr 10 × 3.

25/4: Good diuresis after euphyllin. ÷ giddn. ÷ buzz.

$$v\,\frac{20{,}00}{20{,}00}\;a_1M\,\frac{17}{23}\;a_1A\,\frac{43}{48}\;Li\,\frac{32}{24}\;Ls\,\frac{17000}{19000}$$

30/4: Slight →.

$$a_1M\,\frac{16}{25}\;a_1A\,\frac{60}{60}\;Li\,\frac{21}{21}\;Ls\,\frac{17000}{17500}$$

Sep. Euphyllin.

6/5: Feels well. Hemoglb. 70 %. Bloodpr. 100. Weight 56.

$$v\,\frac{20{,}00}{20{,}00}\;a_1M\,\frac{20}{24}\;a_1A\,\frac{50}{60}\;Li\,\frac{28}{21}\;Ls\,\frac{17000}{17000}$$

28/5: Feels well. Weight 56,2. $v\,\frac{5{,}00—10{,}00}{20{,}00}\;a_1M\,\frac{18}{20}\;a_1A\,\frac{58}{60}\;Li\,\frac{34}{21}\;Ls\,\frac{17000}{18000}$

1/6: Feels well. Weight 56,0. Hemoglb. 104 %. $v\,\frac{8{,}00—20{,}00}{\quad}$

10/1-28: Giddy yesterday. $v\,\frac{0{,}50—2{,}00}{20{,}00}\;a_1M\,\frac{17}{17}\;a_1A\,\frac{30}{50}\;Li\,\frac{34}{22}\;Ls\,\frac{18000}{19000}$

Feeble sp. →. On head bending to l. pure ⌒, strong. On headbend. to r. ÷ nyst. (Has herself remarked, that she becomes giddy if she bends her head to l.). Compr. of carotis, compr. of tragus, compr. and aspir. in ext. meatus: ÷ nyst.

17/6: Weight 54,8. $v\,\frac{1{,}50}{20{,}00}\;a_1M\,\frac{22}{20}\;a_1A\,\frac{35}{52}\;Li\,\frac{36}{15}\;Ls\,\frac{18000}{18{,}00}$ ÷ sp. nyst. 3 rot. $\frac{\rightarrow 19''}{\leftarrow 18''}$ Amylnitr.: ÷ nyst.

Compr. of carotis and tragus: ÷ nyst.

Rp. Exercise.

6/7: $v\,\frac{\text{hardly } 20{,}00}{20{,}00}\;a_1M\,\frac{19}{21}\;a_1A\,\frac{40}{52}\;Li\,\frac{24}{15}\;Ls\,\frac{17000}{18000}$ Feels well.

5/8: Severe attack 10 days ago when pt. got up. No buzz. during or after attack.

$$v\,\frac{2{,}00—10{,}00}{20{,}00}\;a_1M\,\frac{21}{20}\,a_1A\,\frac{50}{56}\,Li\,\frac{22}{24}\,Ls\,\frac{18000}{18000}$$

Weight 54,5. Hemoglb. 83,9.

Giddy, when she lays her head down on either l. or r. side. ÷ sp. nyst. L. side position ÷, r. side position →.

9/8: Feels well. $v\,\frac{20{,}00}{20{,}00}$

No. 21. M. born 1897.

Mother very nervous, has rheumatism and varices. Father healthy. No. 3 of 4 children. One brother epileptic, another very nervous. Twin sister nervous and delicate.

Pneumonia as a child. In 1916 pleuritis. 1918 spanish sickness, in bed 3 months at hosp.; spanish sickness twice since. Rejected as conscript on account of anemia and catarrh of stomach. Coughs and expectorates. ÷ T. B.

Never discharge or pain. Buzz. in r. ear began 4 weeks before adm. to hospital, worst in the morning. Treated with catheteriz., thinks it did good. Hearing good. Often feels giddy, esp. in the morning. No actual attacks of giddn.

Mun. Hosp. Ear Policl. 7/9-27.

Aur. d.: Membr. dull; inject. along manubr. ÷ retract.

Aur. s.: Membr. dull; fibrous area in post. part. Manubr. projecting.

$$v\,\frac{20{,}00}{20{,}00}\;a_1M\,\frac{15}{15}\,a_1A\,\frac{42}{52}\,Li\,\frac{50}{16}\,NB\;Ls\,\frac{15000}{16000}$$ (NB also given for the unsounded tun. fork).

Sp. nyst. ↘. Headbend. to l.: ⇝ increased. Headbend. to r.: ÷ nyst.

9/9: $v\,\frac{20{,}00}{20{,}00}\;a_1M\;(15)\,\frac{12}{15}\;a_1A\;(60)\,\frac{x}{52}$ (x cannot be decided on account of buzz). Declares he hears tun. fork in more than 90″. a_1M he says he hears like growling on the right, clearer on l. side.

Stenosis on l. side.

14/9: $a_1M\,\frac{12}{12}\,a_1A\,\frac{22}{51}\,Li\,\frac{36}{18}\,Ls\,\frac{13000}{13000}$ + buzz. in r. ear. ÷ headache. ÷ giddn.

Adm. Ear Dept. 14/9-26.

Height 174. Weight 75,0. Is pale and looks poorly. Stet. pulm. Some piping ronchi on both posterior surfaces.

Sp. nyst. ↘. Romberg ÷ 10 rot. $\frac{\rightarrow 22''}{\leftarrow 16''}$

Calor (18°) $\frac{\text{after } 28'' \rightleftarrows + \text{reversal}}{\text{after } 25'' \rightleftarrows + \text{reversal}}$

15/9: Bad headache. Bilat. buzz.; bilat. tubal stenosis.

$$v\,\frac{20{,}00}{20{,}00}\,a_1M\,\frac{12}{11}\,a_1A\,\frac{22}{45}$$

16/9: Sp. nyst. $\overset{\searrow}{\rightarrow}$ strong. Bilat. impassable stenosis.

$$v\,\frac{20{,}00}{20{,}00}\,a_1M\,\frac{12}{9}\,a_1A\,\frac{21}{45}\,Li\,\frac{36}{16}$$ Declares that he hears also the unsounded tuning fork.

17/9: $a_1M\,\frac{16}{14}\,a_1A\,\frac{40}{62}$ Buzz. less. ÷ stenosis.

18/9: Feels well except for buzz.

22/9: $a_1M\,\frac{15}{11}\,a_1A\,\frac{28}{65}\,Ls\,\frac{15000}{16000}$

27/9: Feels well. ÷ buzz. ÷ giddn. ÷ stenosis.

$$v\,\frac{20{,}00}{20{,}00}\,a_1M\,\frac{19}{13}\,a_1A\,\frac{54}{66}\,Li\,\frac{15}{15}\,Ls\,\frac{16000}{16000}$$ Discharged.

22/9-28: Comes again on account of giddn., which is persistent though varying in intensity; appears in form of attacks so severe that pt. must sit down. Has also attacks at night, accomp. by nausea. Bilat. buzz.; has not remarked whether buzz. alters with attacks. Hearing very variable. Cannot hear at all at times. No informat. as to fluctuation in hearing nor to the relation to buzz. ÷ diplacusis. Rheumatism in r. knee and l. loin. Perspires a great deal at night. Coughs and expectorates const. Frequent vasomotor rhinit.; nose stopped up in the morning. Considerable frontal headache uniform all day. ÷ chilly. + cold feet.

Pt. is pale, neglected in appearance, doubtless abus. spirit. Weight 77,5. Hemoglb. 85,2. Bloodpr. 130. Small, tender infiltr. on lower extremities.

$$v\,\frac{2{,}00—15{,}00}{15{,}00}\,a_1M\,\frac{8}{11}\,a_1A\,\frac{30}{35}\,Li\,\frac{24}{35}\,Ls\,\frac{16000}{16000}$$

÷ sp. nyst.

10 rot. $\frac{\rightarrow 19''}{\leftarrow 21''}$ + slight giddn.

24/9: Sp. nyst. $\overset{\searrow}{\rightarrow}$

$$v\,\frac{2{,}00—10{,}00}{15{,}00}\,a_1M\,\frac{7}{7}\,a_1A\,\frac{25}{35}\,Li\,\frac{24}{24}\,Ls\,\frac{16000}{16000}$$

No. 22. F. born 1892.

Both father and mother alive, resp. 82 and 80 years old. Mother coughs constantly. No. 12 of 12 children, of whom 3 died in infancy from diphtheria, one from inflammation of lungs.

Bronchitis from childhood; often at Øresunds Hosp. and Boserup Sanatorium (tubercl.). Was at Finsen's Institute for light treatment 4 years ago for suppurating adenitis on neck. Six years ago operated in Mun. Hosp. Ear Dept. for l. sided empyema of antrum Highmori. Never discharge or pains in ears. Hearing said to have been good always. No gastro-intest. trouble. Perspirat. normal. ÷ paraesthesies. Passes water frequently; diuresis considerable.

Eight years ago attack of giddn. with nausea, vomit. and buzz. in her ears. Attack lasted all day and the least movement made it worse.

Adm. Mun. Hosp. Dept. VI 18/3 1924 for tubercl. cerebri. Lively nyst. when looking to r., no nyst. when looking to l. Looking upwards nyst. upwards and to r. Headache in both temples.

Lumb. punct.: Cells ⅓, alb. 11, glob 0. Bloodpr. 110. Expectorate ÷ T B. Kyphosis in dorsal part since childhood.

Transf. to Ear Dept. 28/3-24: Cav. nasi: Secretion and crusts on both sides. (Frequent »colds»).

Aur. d.: Membr. dull, whitish. Aur. s.: Membr. normal.

$$v\,\frac{20{,}00}{12{,}00}\,a_1M\ (10)\ \frac{7}{7}\,a_1A\ (25)\ \frac{10}{10}\,Li\ \frac{23}{26}\,Ls\ \frac{13920}{13140}$$

Backposture nyst. ⥀, increases on directing eyes to r. R. side posture: nyst. weakened. L. side posture, upright posture and headbend. forw. = back posture.

Counterroll. 50°, to l. 5 ½°; to r. 5°. Compr. of carotis and tragus, compr. and aspir. in ext. meatus ÷ nyst.

29/3: Quite slight ←. R. side posture: Quite slight almost pure ⤺. L. side posture ⥀. Forw. bend.: nyst. stronger, now ⤺ ↖. Backw. bend.: strong ⥀, almost disapp. in sitting posture.

Calor. (19° 20 ccm) in l. ear: ÷ reaction.

20 ccm 19° in r. ear releases after 20″ ⥁; r. optimum: remains pure →, l. optimum ⇝, but weaker. Nyst. much stronger on forw. bend. ⥀ ↑. ÷ giddn. On rising only ↑.

Calor. (large quantit.) 18° l. ear. After 120″ ⥀, but not stronger than the former corresponding sp. nyst. In l. sideposture ⇝. Forward bending: strong ⥀ + ↓. Nyst. ceases almost totally on rising, but in l. optimum is stronger and distinct ←, in r. optimum ⤺.

10 rot. to r. apparently ↘, perhaps ↓, which is combined with ⤺.

On renewed rotation to r. however, there is no trace of → or ↘, only ⤺.

Rot. to r. 90° forw. bend.: ← (!) c. 10″

Rot. to v. 90° forw. bend.: ⤺ c. 10″

Rp. inj. chl. pilocarp.

1/4: Calor. l. ear (45°). After 30″ reinforcement of spont. ⥀ + ↑.

On forw. bend. nyst. unaltered, the same in back position.

Calor. r. ear (45°). After 15″ spont. ⥀ much increased. Nyst. weakened by forw. bend. and a few jerks ↖ ↑ and ↗ are seen at same time. In back

posture very lively ⥀, in which ↜ very pronounced. The nyst. is somewhat more horiz. in r. side position, in l. side position almost pure ↜.

Cold calor. l. ear (18°). Doubtless reinforcement of sp. nyst. ⥀ after 1 ½ min. On forw. bend. preponderating ↜.

4/4: Back posture ←. R. side posture: Cessation of nyst. L. side posture = back posture.

5/4: Backposture ⥀. L. side posture: nyst. weakens. R. side position: nyst. unaltered.

10/4: $v\frac{20{,}00}{20{,}00}\,a_1M\ (10)\ \frac{10}{10}\,a_1A\ (25)\ \frac{16}{18}\,Li\,\frac{18}{18}\,Ls\,\frac{13140}{13140}$

Sitting posture: ⥀. Back posture: ⥀. R. side posture: Nyst. weakened. L. side posture: Nyst. stronger.

Rot. $\frac{\overset{\curvearrowright}{\rightarrow}\ 15''}{\overset{\curvearrowleft}{\leftarrow}\ \text{very strong for } 27'', \text{ afterw. = sp. nyst.}}$

Calor. (18°) l. ear, 13″ distinctly reinforced ⥀. On forw. bend. almost pure ↜ obtained; no reversal. In l. optimum more ←, in r. optimum distinct ↜.

Calor. (18°) r. ear: after 16″ ⥁ and some strokes upwards to l. On forw. bend. strong reversal almost pure rotat. Nyst. almost → in r. optimum; in l. optimum ⇝.

14/4: Discharged.

18/4: 10 rot. $\frac{\overset{\curvearrowright}{\leftarrow}\ \text{c. } 8''}{\overset{\curvearrowleft}{\leftarrow}\ \text{c. } 20''}$

18/8: Upright posture ⥀. On headbend. to r.: nyst. unaltered. Headbend. to l.: nyst. increases.

29/9-26: Felt well since discharge from hosp., only giddy on bend. forw. ÷ buzz. Frequent headache.

Feet inclined to be cold. Easily gets purul. cold in head. Considerable consumpt. of salt. Knows nothing about diuresis.

Menses regular. 3 births, 2 miscarriages. Gave birth 2 month ago, suckles her child.

Aur. d.: Normal. Aur. s: Pitshaped retract. behind manubr.

$$v\frac{20{,}00}{20{,}00}\,a_1M\,\frac{10}{10}\,a_1A\,\frac{35}{33}\,Li\,\frac{17}{23}\,Ls\,\frac{15000}{15000}$$

÷ sp. nyst. Tubæ free.

Cav. nasi: Purulent secret. on both sides.

Pt. is thin, slightly cyanotic.

11/10: $v\frac{20{,}00}{20{,}00}\,a_1M\,\frac{11}{8}\,a_1A\,\frac{45}{33}\,Li\,\frac{18}{24}$ ÷ buzz. Only giddy on bend. forw.

Hemoglb. 60 %.

Rp. Tabl. ferr. reduct. ctgr 25 × 3.

24/9-28: Often unsteady. Very giddy to-day. Always tired. Bad self-observer. Hearing seems to fluctuate. ÷ rheumatism, but has pains between shoulders. Weight 67. Height 157. Hemoglb. 94. ÷ sp. nyst. 5 rot. $\frac{\rightarrow 16''}{\leftarrow 18''}$ Calor. (17°) $\frac{17 \rightleftarrows}{19 \rightleftarrows}$ Reversal $\frac{+}{+}$ Amylnitr. ⥀ with giddn. and buzz. on r. ear. Buzz. disappeared after 15".

Small tender infiltr. on crura, upper arm and back of neck. Untidy appearance.

No. 23. M. born 1880.

Always well formerly, no former ear trouble. In 1917 patient was obliged to stand almost on his head for 5 hours while working in a submarine, he then fainted suddenly and had bleedings from nose. No immediate distinct ear symptoms, but has since been giddy — he cannot walk straight in the street but keeps up against the wall. Hearing has decreased since 1920; feels a sort of chirping in his ears. Giddn. begins by a pressure of blood in the throat and he feels hot in his head. No paraesthesies. Has once fallen from a chair. Headache and pressure in ears worst in the morning; feels most giddy then also. Bilat. const. buzz. indep. of attacks of giddn. Perspires with difficulty. Great consumpt. of liquids »almost 10 bottles of beer a-day». Tendency to cold feet. Has noticed that his abdomen has increased considerably in seize during the latter years. ÷ obstipat. Considerable diuresis. ÷ urticaria.

Adm. Mun. Hosp. Ear Dept. 28/9-24.

Aures: Norm. otoscopy (see however below). Cav. nasi, pharynx: Normal.

$$v\,\frac{0{,}10}{0{,}10}\,a_1M\,(10)\;\frac{9}{9}\,a_1A\,(25)\;\frac{17}{18}\,Li\;\frac{20}{20}\,Ls\;\frac{16000}{15000}\,R\;\frac{+}{+}$$

Back position: ÷. R. sideposture ⥀. L. sideposture ⥀. No distinct nyst. in upright posture, nor on bend. forw.

Congested. Potatoric appearance. Somewhat imbecile. Eczema on crura.

P. 90 arythmic. Stetoscopia cordis: normal. Bloodpr. 130.

10 rot. $\frac{\rightarrow 19''}{\leftarrow 17''}$

Calor. 18° $\frac{16'' \rightleftarrows + \text{reversal}}{16'' \rightleftarrows + \text{reversal}}$

29/9: Backposture: at one time ⥀, at one time ↘ R. side posture ⥀. L. side posture ↙. Sitting posture ↓. Forw. bend. lively ↓ + ⥀. Bloodpr. 130.

30/9: Lumb. punct.: Pressure 200; cells 2/3; alb. 15; glob. 0.
Rp. inj. chl. pilocarp.

2/10: Feels confused. Backposture: ÷. R. side posture ⥀. L. sideposture: ↓, perhaps also ⥀. Forw. bend.: strong ↓.

3/10: Backposture: ↘ L. sideposture ↙ ↘ . R. sideposture ↙ . Upright posture decreasing nyst., which ceases after a couple of strokes ↘ . Forw. bend. ↓ .

10/10: $v\frac{0,40}{0,20}\ a_1M\ (10)\ \frac{7}{7}\ a_1A\ (25)\ \frac{17}{18}\ Ls\frac{16000}{16000}\ Li\ \frac{19}{19}$

Sitting posture: Distinct ↘ . Headbending to l. ↜ ↘ ; head bending to r. ↜ ↙ .

15/10: Perspires more after pilocarpin.

17/10: $v\frac{0,60}{0,30}\ a_1M\ (10)\ \frac{6\frac{1}{2}}{6}\ a_1A\ (25)\ \frac{25}{20}\ Li\frac{16}{16}\ Ls\ \frac{17000}{16000}$

After catheteriz. $v\frac{0,50}{0,50}$. Rp. Catheteriz.

20/10: $v\frac{0,60}{0,60}$ Discharged.

29/10: Still feels unsteady in street. Const. pressure in temples in the morning.
Const. sp. nyst. ⇝ ↓ .
Pulse 100 reglr. somewhat soft.

Digisolvin gtt 20 × 2.

5/11: Const. malaise with tendency to fall to the right. Slight bilat. buzz. Pulse 100 regular, fairly strong. Unaltered sp. nyst.

12/11: $v\frac{0,50}{0,50}$ Unaltered sp. nyst.

25/11: $v\frac{0,40}{0,40}\ a_1M\ (10)\ \frac{7\frac{1}{2}}{8}\ a_1A\ (25)\ \frac{16}{22}\ Li\frac{16}{16}\ Ls\frac{16000}{15000}$

In erect posture no reliable nyst. Head backw. → . Head on l. shoulder ⇝ ↘ . Head on r. shoulder; feeble ↜ ↙ , forw. bend. 90° ↓ .

Rp. Sol. brom. natr. gr. 20—300 gr 15 × 3.

30/12-24: Giddn. much improved, pt. can walk in street without tottering with the help of a stick. + headache. + buzz. esp. at night.

$v\frac{0,40}{0,40}$ Sp. nyst. unaltered.

21/4: Still giddy. Nyst. unaltered $v\frac{0,20}{0,20}$

29/2-26: Const. giddn. Much troubled by buzz. Makes a neurasthenic, imbecile impression. $v\frac{0,15}{0,10}Ls\frac{17000}{17000}$ Nyst. unaltered.

Tabl. Nervalini 1 × 3.

8/10: Pt. still makes same complaints.

$$v\,\frac{0{,}05}{0{,}10}\,a_1M\ (15)\,\frac{6}{4}\,a_1A\ (60)\,\frac{15}{20}\,Li\,\frac{40}{36}\,Ls\,\frac{13000}{13000}\,R\,\frac{+}{+}$$

Romberg distinct fall backw. Sp. nyst. ↙ ↘.

13/10: Readm.

Always unsteady; now and then regular attacks force him to go into a doorway and sit down. Violent headache on crown of head and back of neck. Thinks his hearing is normal. Thirsts a good deal, esp. at night. Weight 80. Height 168.

Aures: Slight injection along manubr., perhaps a slight relief-like project. of proc. brev. ÷ retract.

Sitting posture ↙; headbend. to r. ⇄↘; headbend. to l →.

$$v\,\frac{0{,}10}{0{,}10}\,a_1M\,\frac{7}{8}\,a_1A\,\frac{10}{13}\,Li\,\frac{28}{32}\,Ls\,\frac{14000}{12000}$$

Extr. cool. No oedemata or other infiltr.

16/10: $v\,\frac{0{,}10}{0{,}05}\,a_1M\,\frac{4\frac{1}{2}}{4}\,a_1A\,\frac{22}{15}\,Li\,\frac{32}{32}\,Ls\,\frac{14000}{14000}$

18/10: Attack of giddn. this morning. $v\,\frac{0{,}10}{0{,}30}\,a_1M\,\frac{6}{5}\,a_1A\,\frac{21}{15}\,Li\,\frac{28}{28}$

23/10: Rp. Scotch douche.

29/10: Bloodpr. 115.

1/11: Now and then free from giddn. $v\,\frac{0{,}10}{0{,}15}\,Li\,\frac{26}{26}$

Rp. Agurin ctgr 50 × 3.

2/11: $v\,\frac{0{,}15}{0{,}15}\,a_1M\,\frac{5}{5}\,a_1A\,\frac{15}{21}\,Li\,\frac{30}{32}$ Weight 81,0.

Rp. Reduced diet. Carlsbad salt daily.

10/11: $v\,\frac{0{,}10}{0.05—0{,}10}\,a_1M\,\frac{6}{5}\,a_1A\,\frac{22}{20}\,Li\,\frac{32}{34}\,Ls\,\frac{14000}{14000}\,V\,\frac{8{,}00}{5{,}00}$

÷ sp. nyst. Tubæ free.

11/11: Bloodpr. 115. Pulse 80. Salyrgan expm. No. 74. (Vol. I, pag. 72).

16/11: Bloodpr. 122. $v\,\frac{0{,}10}{0{,}10}\,a_1M\,\frac{4}{4}\,a_1A\,\frac{27}{22}\,Li\,\frac{32}{32}\,Ls\,\frac{13000}{12000}\,V\,\frac{8{,}00}{5{,}00}$

Still sp. nyst. ↓.

Sep. Carlsbad salt. Discharged.

7/3-27: For last 6 weeks better than for many years; no giddn.

$$v\,\frac{0{,}10}{0{,}10}\,a_1M\,\frac{4}{5}\,a_1A\,\frac{22}{20}\,Li\,\frac{32}{24}\,Ls\,\frac{15000}{14000}$$

7/5: Giddy again; believes he hears all right.

$$v\,\frac{0{,}10}{0{,}10}\,a_1M\,\frac{4}{3}\,a_1A\,\frac{20}{21}\,Li\,\frac{36}{36}\,Ls\,\frac{13000}{13000}$$ Weight 84,2.

Sp. nyst. ↓ ⇝. Compr. of carotis and tragus, also compr. and aspir. in ext. meatus: ÷. Amylnitr.: Agitated during hyperemia with increased ↓. Nothing particular on fading.

No. 24. M. born 1888.

Always out of sorts during youth. Eighteen years ago in hosp. for trauma capitis. Seven years ago discharge from l. ear and deafness. Since then no discharge, but reduced hearing.

During the last 2 years frequent giddn. and feeling of seasickness. ÷ vomit. Buzz. on l. side indep. of the giddn. Pains in theca cranii, rheumatic pains in arms and legs, esp. in elbows and knee joints. »sensations of asthma», esp. in the morning; very chilly, feet always cold. Paraesthesies in both crura. Normal consumpt. of fluids, eats very little salt.

1924 at State Hosp. for observ. for tub. pulm.; 1926 at hosp. for ulc. ventriculi? Catarrh. gastro intest. chr. Nervosismus. Ewald 60/90. Benzidin ÷. Röntgen examination of heart and lungs gave normal conditions.

Adm. to Mun. Hosp. Dept. VI for neurasthenia gravis. Transf. to Ear Dept. 15/6-26 for mb. Menièri.

Pt. is thin, cyanosis of hands and feet. Height 170,5. Weight 67,0. Lumbal puncture (Dept. VI): Cells 4/3, alb. 10, glob. 1. Bloodpr. 120/80. Hemoglb. 91 % corr.

Aur. d.: Membr. rather dull, slightly retracted. Aur. s.: Ant. part of membr. thickened, dull; a large, dry perforat. in mb. flaccida. Pharynx: Some diffuse injection, l. tonsil hypertrophic.

÷ sp. nyst. in the diff. headpostures. Romberg ÷.

$$v\,\frac{18{,}00}{14{,}00}\,a_1M\ (10)\,\frac{10}{10}\,a_1A\ (25)\,\frac{21}{15}\,Li\,\frac{26}{55}\,Ls\,\frac{17000}{13000}$$

Rot. $10\,\frac{\rightarrow 17}{\leftarrow 16}$ Calor. $(18°)\,\frac{19''\ \curvearrowright + \text{reversal}}{20''\ \curvearrowleft + \text{reversal}}$

17/6: $$v\,\frac{20{,}00}{6{,}0—8{,}0}\,a_1M\ (10)\,\frac{12}{10}\,a_1A\ (25)\,\frac{12}{24}\,Li\,\frac{19}{55}\,Ls\,\frac{14500}{12750}$$

Rp. Tabl. Diuretini ctgr 50 × 3.

22/6: Still complains of great pain in back of neck and head.

$$v\,\frac{20{,}00}{16{,}00}\,a_1M\ (10)\,\frac{14}{11}\,a_1A\ (25)\,\frac{15}{21}\,Li\,\frac{22}{45}\,Ls\,\frac{15500}{13500}$$

30/6: Giddn., if anything, somewhat less.

$$v\,\frac{20{,}00}{20{,}00}\,a_1M\ (10)\,\frac{18}{12}\,a_1A\ (25)\,\frac{25}{18}\,Li\,\frac{22}{34}\,Ls\,\frac{15500}{15000}$$

6/7 Sep. Diuretin.

Rp. Catheteriz. Gymnastics. Massage.

10/7: During last 4 days for first time for a long time thirsty. Is at work daily, perspires a good deal, which he has not done during the 2 years that he has been ill. Feels much better. Has not felt chilly the last few days.

16/7: $v\,\frac{20{,}00}{11{,}00}\,a_1M\ (10)\,\frac{12}{9}\,a_1A\ (25)\,\frac{19}{13}\,Li\,\frac{15}{50}\,Ls\,\frac{16000}{13000}$

Tubal passage free Rp. Diuretin ctgr. 50 × 3.

22/7: Impass. stenosis on r. side.

23/7: Giddn., difficulty in breathing and headache. Const. r. sided stenosis.

26/7: Depressed. ÷ sp. nyst. in the diff. headpostures.

Cav. nasi ÷. Syringing of rhinopharynx: Quantities of yellowish green mucopus.

$$v\,\frac{20{,}00}{20{,}00}\,a_1M\ (10)\,\frac{15}{12}\,a_1A\ (25)\,\frac{29}{17}\,Li\,\frac{17}{40}\,Ls\,\frac{16000}{15000}$$

28/7: Buzz. in l. ear only when he lies down. Better before he was given diuretin. Tubal passage free.

Sep. Diuretin.

29/7: Feels better. Bilat. stenosis.

11/8: Bougie introduced as stenosis continues.

12/8: Tubal passage free.

14/8: $v\,\frac{20{,}00}{20{,}00}\,a_1M\ (15)\,\frac{21}{20}\,a_1A\ (60)\,\frac{57}{40}\,Li\,\frac{17}{40}\,Ls\,\frac{16000}{15000}$

Discharged.

20/8: Bilat. stenosis again.

Rp. Diet with reduced salt.

16/10: Works hard. Is but seldom giddy. Has a single time had buzz. in l. ear.

$$v\,\frac{20{,}00}{20{,}00}\,a_1M\,\frac{21}{15}\,a_1A\,\frac{62}{45}\,Li\,\frac{15}{50}\,Ls\,\frac{16000}{15000}$$

27/11: During last 8 days giddy and felt his head heavy, otherwise well. Slight buzz. when he lies down.

$$v\,\frac{20{,}00}{20{,}00}\,a_1M\ (15)\,\frac{21}{20}\,a_1A\ (60)\,\frac{64}{41}\,Li\,\frac{15}{70}\,Ls\,\frac{15000}{13000}$$ Bloodpr. 120.

15/7-27: Feels well on the whole. Has, however, now and then short attacks of giddn. and then has buzz. like a steam-engine in left ear.

Weight 64,3. Hemoglb. 103,4.

$$v\,\frac{20,00}{16,00}\,a_1M\,\frac{15}{18^{\downarrow}})\,a_1A\,\frac{52}{19}\,Li\,\frac{22}{80}\,Ls\,\frac{14000}{12000}$$

÷ sp. nyst. in diff. head positions.

3 rot. $\frac{\rightarrow 16''}{\leftarrow 12''}$ 5 rot. $\frac{30'' \rightarrow + \text{ sp. nyst.}}{12'' \leftarrow}$

Amylnitr. ⇄ also during fading. Impermeabel tubal stenosis on l. side, free passage on r. side.

18/7: Tuba free. Intercostal neuralgia.

No. 25. M. born 1879.

A brother died of tumor in stomach.

Healthy, excepting for ear trouble. Adenoids removed when a child. From childhood period. pains in and discharge from l. ear with gradually decreasing hearing; now very deaf on l. ear; also decreasing hearing on r. ear without discharge. During latter years frequent headache in crown of head, buzz. in both ears and attacks of giddn., which are very severe and accomp. by vomit. ÷ fever. ÷ rheumatism. Slight cold and »swollen throat». ÷ bronchitis. ÷ asthma. ÷ urticaria.

Stomach in good order. Very thirsty, drinks from 2—3 bottles of beer daily and a glass of spirits now and again. Normal consumpt. of salt. Is not chilly. Hearing no doubt variable. Gives very uncertain inform. and makes a somewhat imbecile impression.

Adm. Mun. Hosp.'s Ear Dept. 22/6-27.

Weight 75,2. Height 169. Pulse regular. Temp. 37,1.

Aur. d.: Membr. irregular, atrophic, thickened with calcar. deposits in ant. part. Aur. s.: Considerable retract. in ant. part. Manubr. cannot be seen.

Compr. of carotis and tragus, compr. and aspir. in ext. meatus also amylnitr.: ÷.

÷ sp. nyst. 10 rot. $\frac{\rightarrow 55''}{\leftarrow 45''}$

$$v\,\frac{aa}{aa}\,V\,\frac{0,30}{0,40}\,a_1M\,\frac{16}{16}\,a_1A\,\frac{8}{9}\,Li\,\frac{> 150}{> 150}\,Ls\,\frac{6200}{6200}$$

23/6: Lumb. punct.: Cells 0/3.

24/6: $v\,\frac{0}{0,05}\,V\,\frac{0,30}{0,40}\,a_1M\,\frac{11}{9}\,a_1A\,\frac{0}{25}\,Li\,\frac{> 150}{> 150}\,Ls\,\frac{6000}{6000}$

27/6: Attack of giddn., during which he lies with deep respiration (as if to prevent vomit.), congested, sneezing with increased conjunctival secretion. Slight trembling of lower extrms; throws himself about rest-

lessly, hot all over, perspires on feet and in armpits. Makes a great fuss. Complains of headache, but less than prior to attack. Buzz. in both ears, most in r.

Sp. nyst. ↘ with distinct slow phase.

28/6: Another attack of giddn. yesterday afternoon with sneezing, buzz., congest. and epiphora.

Amylnitr. ↓ during flush, possibly ↙ during fading.

Salyrgan expm. No. 46. (Vol. I, pag. 60).

3/7: Discharged.

7/7: $v\frac{aa-0{,}05}{0{,}10}$ Sp. nyst. ↘ Cal. 18° (minimal) $\frac{+\text{nyst.}+\text{reversal}}{+\text{nyst.}+\text{reversal}}$ —;

but only after 4 syringes of 20 ccm each.

Catheter passes easily.

No. 26. M. born 1879.

Maternal grandmother deaf, no disp. to deafness otherwise in family. ÷ disp. to rheumatism or diabetes. Father died at 53 of rheumatic fever. No. 3 of 4 children. Had rheumatism in l. shoulder already when young, otherwise healthy. Hearing has decreased in l. ear during last 2 or 3 years; during last 6 months attacks of giddn. Last attack 7 weeks ago; pt. fell down in street and was momentarily unconscious. Temp. 38°; at same time cold in head. Since then no attack. Hearing did not alter in conjunction with attack; thinks he hears all right on r. ear. Never any buzz. ÷ headache. ÷ rheumatism. ÷ paraesthesies. Normal consumpt. of water and salt. ÷ cold extrm. Not chilly. Perspires easily. + vasomot. rhinit., esp. in autumn. Suffers from hemorrhoids. Evacuation daily after paraffin. Very tired in her bad periods.

15/11-24: Mun. Hosp. Ear Policl. ÷ sp. nyst.

$$v\frac{1{,}5}{aa}\ Li\ \frac{16}{28}\ Ls\ \frac{14000}{\div M}\ a_1M\ (10)\ \frac{13\frac{1}{2}}{9\frac{1}{2}}\ a_1A\ (25)\ \frac{20}{13}$$

10 rot. $\frac{\rightarrow 25}{\leftarrow 20}$ Calor. (18°) $\frac{16''\ \overrightarrow{\leftarrow} + \text{reversal}}{18''\ \overleftarrow{\rightarrow} + \text{reversal}}$

Adm. Ear Dept. 2/12-24. Pt. is thin.

Cav. nasi: Deviat. of septum on l. side and slight hypertr. of conchæ inff. Aur. d.: Membr. not retracted, but dull without reflex. Aur. s.: Membr. inconsiderably retracted without reflex, thickened.

$$v\frac{1{,}00}{aa}\ V\ \frac{14{,}00}{2{,}00}\ Ls\ \frac{13000}{10000}$$

Lumb. punct.: Pressure 160, cells 2/7, alb. 10, glob. 0.

Rp. inj. chl. pilocarp.

4/12: Headache and pressure on ears, considerable deafness. Rather strong: ↓ and ↙.

5/12: Sitting posture feeble ↘, reinforced on bend. forw.
R. side posture, short, feeble ↘. L. side posture somewhat stronger ↙.

6/12: Headache, sensation of echo in ear (like in a grammophone); somewhat »heavy» in both ears. Sleeps badly, appetite poor. This morning a slight attack of giddn. $v\frac{0,50}{aa}$

8/12: $v\frac{0,20}{aa}\ a_1M\ (10)\ \frac{7\frac{1}{2}}{10\frac{1}{2}}\ a_1A\ (25)\ \frac{14\frac{1}{2}}{7\frac{1}{2}}\ Li\ \frac{24}{130}\ Ls\ \frac{14000}{7000}\ R\ \frac{+}{\div}$

9/12: Feels pressure and hears ringing in both ears, also headache. When lying quiet feels well, but as soon as he moves feels nausea and vomits.
Back posture: ÷. R. side posture: ↘. L. side posture: ÷. Forw. bend.: ÷.

10/12: Tubal stenoses.

15/12: Feels well. Slight buzz. in the morning. $v\frac{0,40}{0}\ V\frac{}{0,08}$ After catheteriz. $v\frac{0,40}{aa}\ V\frac{}{0,50}$

17/12: $v\frac{0,75}{aa}$ After catheteriz. $v\frac{2,00}{aa}$

22/12: Perspires well after pilocarpin. $v\frac{2,50}{aa}$

23/12: $v\frac{10.00}{0,10}\ V\frac{}{3,00}\ a_1M\ (10)\ \frac{14}{12}\ a_1A\ (25)\ \frac{24}{19}\ Li\ \frac{16}{16}\ Ls\ \frac{15000}{11000}$ Discharged.

16/1-25: ÷ giddn., ÷ buzz.

$$v\frac{0,50}{0,05}\ V\frac{20,00}{6,00}\ a_1M\ (10)\frac{}{12}\ a_1A\ (25)\frac{}{12}\ Li\frac{}{16}\ Ls\frac{}{11000}$$

Has been treated with catheteriz. 10 times.

18/2: $v\frac{0,40}{aa}\ V\frac{}{2,50}\ a_1M\ (10)\frac{}{11}\ a_1A\ (25)\frac{}{12}\ Li\frac{}{16}\ Ls\frac{14000}{13000}$

2/6-26: Feels perfectly well. Hearing good on r. ear. ÷ buzz. ÷ headache. ÷ giddn.

$$v\frac{1,00}{<aa}\ V\frac{20,00}{20,00}\ a_1M\ (10)\ \frac{10}{9}\ a_1A\ (25)\ \frac{20}{21}\ Ls\ \frac{15500}{12000}$$ Li cannot be determined, as pt. says he hears the unsounded tun. fork.

17/7: $v\frac{0,50}{0}\ V\frac{20,00}{20,00}\ a_1M\ (10)\ \frac{9}{9}\ a_1A\ (25)\ \frac{24}{17}\ Ls\ \frac{14510}{10750}$ Tubæ free.

11/8: Has had to keep his bed on account of gallstone.

11/10: Feels well. v $\frac{1,25}{aa}$ a_1M $\frac{15}{14}$ a_1A $\frac{56}{45}$ Ls $\frac{11000}{\div M.}$

Rp. Reduced consumpt. of salt.

18/10: v $\frac{2,00}{0,05}$ a_1M $\frac{15}{15}$ a_1A $\frac{59}{42}$ Ls $\frac{13000}{7500}$

3/11: Has had influenza.

v $\frac{2,00}{aa}$ a_1M $\frac{15}{15}$ a_1A $\frac{58}{43}$ Ls $\frac{15000}{6000}$

13/11: Has had a cold for a fortnight.

v $\frac{0,30—0,40}{aa}$ a_1M $\frac{17}{20}$ a_1A $\frac{57}{35}$ Ls $\frac{13000}{10000}$

22/9-27: Feels well. ÷ giddn. ÷ headache. ÷ buzz. Weight 79,7. Height 180. Bloodpr. 145. Hemoglb. 109.

v $\frac{0,10—2,00}{0,05}$ a_1M $\frac{15}{17}$ a_1A $\frac{47}{35}$ Ls $\frac{15000}{6000}$ Li $\frac{\times}{24}$ (× says he hears unsounded tun. fork).

÷ sp. nyst.

Amylnitr. distinct ⇉↘. Rather severe buzz., disapp. about 10 min. after fading. Compr. of carotis and tragus, compr. and aspir. in ext. meat.÷ 10 rot. $\frac{\rightarrow 30''}{\leftarrow 28''}$

No. 27. F. born 1883.

Adm. Dept. VI 1/3-26. Diagn. here: Mb. Menièri, migraine.

From case book appears: Father killed in accident, mother typ. migraine, which disapp. about climact. A stepsister epileptic from her 14th year. A twin sister died when 6 years old of meningitis. A sister died of spinal complaint. A brother attacks of headache from childhood.

Pt. has suff. from rickets and enuresis noct., which disapp. when she was 9. Diphtheria with paralysis of legs and eyes when 13. Althrough youth chlorosis and stopping up of ears, was treated with catheteriz. with good results. Menses since 17 with intervals of 2 to 3 weeks, but now and then 2—3 months menopause, ÷ molimina. Appendix removed 1913. Ulcus operat. following year after being repeatedly treated for a longer time with ulcus diet. Influenza for 3 weeks in 1919 without complications.

From earliest childhood headache in one half of head, appear. in attacks accomp. by vomit., for which reason she was often away from school; never giddy at that time, attacks become gradually less frequent. Present trouble began in 1923; showed itself at first only as nausea and unsteadiness, when in a carriage; but there soon appeared attacks of giddn., which increased very much in 1924—26 and afterw. decreased somewhat. Attacks come

at all times of the day and night. Pt. sometimes wakes in the night with an attack, always accomp. by vomit. ÷ unconsciousness. Attacks can appear when pt. only blows her nose. Falls to right. Tried catheteriz. but gave it up on medical advice as she always became giddy from it. Hearing on r. ear much reduced, so much so that she can in periods be totally deaf. Buzz. and noises simultaneously on same side. Complains of feeling unsteady in between attacks.

Whirring paraesthesies in hands and feet during attacks. Dragging sensations on r. side of back of neck, over the crown of head and out in r. temple with a feeling of tension. Feet easily get cold; feels poorly in a cold room, gets nausea and yawns. Feels poorly and hears badly when by the sea. Normal consumpt. of fluids and salt. ÷ urticaria. ÷ eczema. Keeps ulcus diet. ÷ obstipat. On attempting lumb. punct. in dept. VI pt. got a slight epileptic attack, lasting from 1—2 mins, no similar attacks previously. Only a single drop of fluid mixed with blood was obtained (W R ÷). On dept. VI sp. nyst. →. Bloodpr. 120. Hemoglb. 97. Pulse 80. Ear Policl. 5/3-26: Aur. d.: Membr. retracted, thickened.
Aur. s.: Membr. retracted, thickened, cicatr.

$$v\ \frac{0{,}05}{9{,}00}\ a_1M\ (10)\ \frac{8}{10}\ a_1A\ (25)\ \frac{7}{18}\ Li\ \frac{38}{22}\ Ls\ \frac{9000}{16000}\ R\ \frac{-}{+}\ W\downarrow$$

Dubious sp. nyst. ⇄. Sidebend. ÷. Compr. and asp. in ext. meatus: ÷.
10 rot. $\frac{\rightarrow 27''}{\leftarrow 28''}$ Calor. (18°) $\frac{+}{+}$

19/3: Discharged from Dept. VI.

7/6-26: $v\ \frac{aa}{16{,}00}\ V\ \frac{1{,}00}{---}\ a_1M\ (10)\ \frac{3}{7}\wr\ a_1A\ (25)\ \frac{10}{20}\ Li\ \frac{30}{17}\ Ls\ \frac{13500}{13500}\ W\downarrow$

Stenosis of r. tube, only passable after adrenalin, after which:

$$v\ \frac{0{,}15}{---}\ a_1M\ \frac{3}{7}\wr\ Li\ \frac{24}{17}$$

5/7: $v\ \frac{<\ aa}{---}\ V\ \frac{0{,}20}{---}\ a_1M\ (10)\ \frac{3}{6}\wr\ a_1A\ (25)\ \frac{2}{17}\ Li\ \frac{26}{17}\ Ls\ \frac{11000}{16000}$

Autumn 1926:

$$v\ \frac{0{,}05}{---}\ V\ \frac{1{,}50}{---}\ a_1M\ (10)\ \frac{6}{10}\wr\ a_1A\ (25)\ \frac{8}{25}\ Li\ \frac{30}{18}\ Ls\ \frac{13000}{16500}$$

Catheteriz. still accomp. by slight piping sound on both sides.

No. 28. F. born 1890.

Father rheumatism, bronchitis, still alive 84 years old. Mother living, healthy. All mother's sisters nervous headache with vomit.

No. 3 of 5 children. One sister discharge from ear from childhood, very deaf. A brother rejected as conscript on account of bad hearing. One brother catarrh of stomach. 2 others healthy.

Tendency to angina. but not during last 3 years. Was in 1923 at Sundby Hosp. for erosio colli. uteri.

During last 10 years at periods giddn., which appears partly as unsteadiness and partly in sudden attacks, during which pt. has fallen several times. Buzz. for several years, as a rule at same time as giddn.; does not know whether it has only been in l. ear; worst during menses. Observes herself very badly. Has not heard so well on l. ear during last 2 years, has not noticed whether hearing varies.

Menses at intervals of 2—3 weeks, lasting a week; often considerable premenst. pain. 2 normal partus. ÷ asthma. ÷ urticaria. ÷ rheumatism. ÷ vasomot. rhinit. No gastro-intest. symptoms. Normal consumpt. of water and salt. Always pressure in both temples. Faints easily. During last year paraesthesies in arms and legs. Cold feet.

Adm. Mun. Hosp. Ear Dept. 23/7-27.

Height 164. Weight 58,7. Temp. 38. Pulse 72.

Aur. d. et s.: Rather considerable retract. and atrophy with thickened stripes, the latter esp. on l. side.

Sp. nyst. in back posture ↶↓. R. side posture ↶. L. sideposture ↙.

Amylnitr.: During hyperemia ↷, on fading ↶↓. Buzz. in ears only during hyperemia.

Compr. of carotis, tragus, compr. and aspir. in ext. meatus: ÷.

Pt. is slightly built; medium sized tender infiltr. on bracchia and over cucullares, also crura. Feet are cool in spite of summer heat, and perspiring.

24/7: Diuresis $\frac{500}{1015}$ Intake 1150.

25/7: Diuresis $\frac{825}{1013}$ Intake 1400. Bloodpr. 106. Hemoglb. 70. Considerable attack of giddn. during last few days, nausea, vomit.

26/7: Diuresis $\frac{200+}{1013}$ Intake 1400. Sp. nyst. feeble ↶↓.

$$v\ \frac{4{,}00}{c\ 1{,}00}\ a_1M\ \frac{17\frac{1}{2}}{17\frac{1}{2}}\ a_1A\ \frac{52}{27}\ Li\ \frac{16}{50}\ Ls\ \frac{18000}{16000}$$

Rp. Scotch douche. Reduced salt and fluids (500 gr).

27/7: Diuresis $\frac{300}{1028}$ Intake 350.

28/7: Diuresis $\frac{300}{1030}$ Intake 350.

29/7: Diuresis $\frac{200}{\text{——}}$

30/7: Diuresis $\frac{350}{\text{——}}$ Less giddy. Buzz. in l. ear.

31/7: Diuresis 200.

1/8: Diuresis 200 +. General condition and appearance improved, no giddn. but slight buzz. in l. ear.

2/8: Diuresis 200. v $\frac{20{,}00}{1{,}5—2{,}0}$ $a_1M\frac{15}{19}$ $a_1A\frac{48}{22}$ Li $\frac{24}{38}$ Ls $\frac{17000}{17000}$ R $\frac{+}{+}$ ÷ tubal stenosis. Const. slight buzz. in l. ear.

3/8: Diuresis $\frac{250}{1030}$ Slight headache and giddn. after catheteriz. yesterday. Hemoglb. 74,1.

4/8: Diuresis $\frac{250}{1030}$; *5/8* Diuresis $\frac{275}{1032}$; *6/8* Diuresis $\frac{250}{1035}$

7/8: Diuresis $\frac{200+}{1032}$; *8/8* Diuresis $\frac{240}{1031}$ Rp. Intake 400.

9/8: Salyrgan expm. No 3 (Vol. 1 pag. 43).

11/8: Diuresis $\frac{900}{1032}$ Buzz. in l. ear. Weight 56,7.

v $\frac{20{,}00}{2{,}0—4{,}0}$ $a_1M\frac{12}{11}$ $a_1A\frac{40}{26}$ Li $\frac{16}{34}$ Ls $\frac{17000}{17000}$ Hemoglb. 73.

12/8: Diuresis $\frac{250}{1032}$; *13/8* Diuresis $\frac{300}{1030}$; *14/8* Diuresis $\frac{250}{1030}$

15/8: Diuresis $\frac{290}{1029}$

16/8: Diuresis $\frac{325}{1030}$ v $\frac{20{,}00}{10{,}00}$ $a_1M\frac{13}{16}$ $a_1A\frac{34}{25}$ Li $\frac{18}{36}$ Ls $\frac{16000}{17000}$ Buzz. in l. ear.

17/8: Diuresis $\frac{350}{1026}$; *18/8* Diuresis $\frac{250}{1026}$; *19/8* Diuresis $\frac{300}{1025}$

20/8: Diuresis $\frac{250}{1030}$; 21/8 Diuresis $\frac{220+}{1017}$; 22/8 Diuresis $\frac{300}{—}$

23/8: Diuresis $\frac{400}{—}$ v $\frac{20{,}00\times}{1{,}0—4{,}0}$ $a_1M\frac{9}{8}$ $a_1A\frac{28}{18}$ Li $\frac{24}{50}$ Ls $\frac{15000}{14000}$

(× cannot hear numbers 48,33 (danish) on r. side until within a distance of about 15 meters.)

Buzz. only on l. ear, once also whistling in r. Hemoglb. 69,1. ÷ tubal stenosis.

Discharged.

29/8: v $\frac{10{,}00—14{,}00}{1{,}0—2{,}0}$ $a_1M\frac{8\frac{1}{2}}{8\frac{1}{2}}$ $a_1A\frac{27}{18}$ Li $\frac{19}{50}$ Ls $\frac{16000}{16000}$ Weight 60.

13/2-28: Readm. Giddn. and buzz.

$$v\ \frac{10{,}00}{0{,}20}\ a_1M\ \frac{11}{9}\ a_1A\ (40)\ \frac{18}{8}\ Li\ \frac{20}{150}\ Ls\ \frac{16000}{11000}\ \text{Sp. nyst.:}\ \circlearrowleft\ \downarrow\ .$$

20/2: Salyrgan expm. No. 4. (Vol. I, pag. 43).

No. 29. M. born 1861.

Parents healthy. Mother died when 84 years old. Father when 66 after an accident. No. 1 of 6 healthy children.

Health always good; catarrh of stomach when about 50; has since then kept diet.

Present trouble began on day pt. was confirmed; he became suddenly violently giddy and fell down. Next attack when a soldier, 20 years of age, during a slight attack of mumps. 3rd attack 29 years afterwards (pt. was then 49) after which attacks were frequent for a year. A pause then ensued lasting until 1919, when there was again a series of attacks; free again until 1925, when there again came a series; after that free up to present date. The attacks are apoplectiform, accomp. by pressure on both ears, vomit. and headache. In between attacks no giddn. and pt. can attend to his work, is not nervous. When younger a great deal of headache, esp. in years between the 2nd and 3rd attack.

Thinks his hearing was perfectly all right until 1923. Pt. has observed himself very well; was until 1923 able to hear in telephone with both ears, but hearing on l. ear has since then varied, so that he, at times, cannot hear in the telephone. There have been const. buzz. on l. ear as long as pt. can remember, less however during last 5 years. Buzz. do not grow worse during the attacks, but varies otherwise often in intensity.
÷ rheumatism. Not chilly. Perspires with difficulty. Eats but little salt, normal consumpt. of fluids. ÷ vasomot. rhinit. ÷ urticaria. ÷ eczema. ÷ paraesthesies. ÷ collapse. ÷ lassitude.

Was taken to Bispebj. Hosp. 14 days before adm., on account of attacks of giddn.; from there was moved to Mun. Hosp. Dept. VI from where again transf. to Ear Dept. for mb. Menièri.

Dept. VI's case book gives: Lumb. punct.: Cells 0/3, alb. 10—20. W R ÷. Bloodpr. 110. Ophthalmoscopy: Background of the eye and condition of pupil normal. Diplopia corresp. to an abducens paresis. Slight facial paresis on l. side. Slight tendency to Babinski on r. side. Rather wide, stumbling gait with tendency to fall to r. No sense of smell. ÷ sp. nyst.
Adm. Mun. Hosp.'s Ear Dept. 30/9-26. Weight 60. Height 162.
Aur. d.: Membr. slightly atrophic, fibrous area upw. and backw. Aur. s.: Membr. atrophic, slightly retracted, manubr. project. reliefwise.

$$v\ \frac{20{,}00}{0{,}10}\ a_1M\ \frac{6}{6}\ a_1A\ \frac{50}{14}\ Li\ \frac{17}{150}\ Ls\ \frac{9000}{9000}\ W\ \uparrow\ \div\ \text{sp. nyst.}$$

10 rot. $\frac{\rightarrow 17}{\leftarrow 14}$ Calor. 18° $\frac{13\ \circlearrowright + \text{reversal}}{15\ \circlearrowleft + \text{reversal}}$ Arc. senil. ÷ infiltr. ÷ tubal stenosis.

2/10: v $\frac{20{,}00}{0{,}30}$ $a_1M\frac{9}{6}\curvearrowright$ $a_1A\frac{56}{6}$ Li $\frac{17}{150}$ Ls $\frac{9000}{9000}$

4/10: This morning attack of giddn. lasting a couple of hours. Back posture feeble ↘, stronger in upright posture.

v $\frac{20{,}00}{0{,}15}$ $a_1M\frac{8}{3}\curvearrowright$ $a_1A\frac{56}{19}$ Li $\frac{17}{55}$ Ls $\frac{9000}{12000}$ Says himself that he hears better on l. ear. Buzz. unaltered before, during and after attack.

6 hours later v $\frac{}{0{,}20}$ $a_1M\frac{13}{7}\curvearrowright$ $a_1A\frac{56}{29}$ Li $\frac{15}{36}$ Ls $\frac{9000}{12000}$

5/10: v $\frac{}{0{,}40}$ $a_1M\frac{14}{8}$ $a_1A\frac{60}{24}$ Li $\frac{15}{40}$ Ls $\frac{12000}{13000}$ Rp. Diet with reduced salt.

7/10: Violent attack of giddn. with vomit. and nyst.

9/10: v $\frac{}{0{,}50}$ $a_1M\frac{16}{7}$ $a_1A\frac{64}{35}$ Li $\frac{15}{36}$ Ls $\frac{12000}{13000}$

11/10: v $\frac{20{,}00}{0{,}40}$ $a_1M\frac{16}{9}$ $a_1A\frac{63}{31}$ Li $\frac{}{38}$ Ls $\frac{10000}{12000}$

12/10: v $\frac{}{0{,}40}$ $a_1M\frac{18}{7\times}\curvearrowright$ $a_1A\frac{}{28}$ Li $\frac{}{36}$ Ls $\frac{13000}{13000}$ (x clearer than before).

14/10: v $\frac{}{0{,}40}$ $a_1M\frac{15}{9}$ $a_1A\frac{}{30}$ Li $\frac{}{36}$ Ls $\frac{13000}{13000}$ Diuresis $\frac{875}{1020}$ Intake 1200. Abduc. paresis disappearing. Facial paresis quite disappeared. ÷ headache. Buzz. unaltered.

15/10: Salyrgan expm. No. 45. (Vol. I, pag. 60). Rp. Scotch douche.

16/10: Buzz. almost disapp.; feels his head is lighter.

18/10: Diuresis $\frac{625}{1030}$ Fluid intake 1300. v $\frac{20{,}00}{1{,}25—1{,}50}$ $a_1M\frac{17\frac{1}{2}}{18}$ $a_1A\frac{68}{52}$ Li $\frac{15}{18}$ Ls $\frac{14000}{13500}$ Buzz. decreasing, ÷ giddn. *19/10* Diuresis $\frac{750}{1024}$ Fluid intake 1300.

20/10: Diuresis $\frac{900}{1024}$ Fluid intake 1400. v $\frac{}{0{,}80}$ $a_1M\frac{27}{25}$ $a_1A\frac{68}{33}$ Li $\frac{15}{24}$ Ls $\frac{14000}{13000}$ a_1M begins to coincide with pt.'s buzz. after about 20″. Declares decidedly that he now hears a_1M on l. ear.

21/10: Diuresis $\frac{1000}{1018}$ Intake 1400.

22/10: Salyrgan expm. No. 68. (Vol. I, pag. 69).

23/10: v $\frac{}{1{,}00}$ $a_1M\frac{21}{15}$ $a_1A\frac{}{36}$ Li $\frac{15}{24}$ Ls $\frac{}{14000}$ Abduc. paresis almost disapp.

24/10: Diuresis $\frac{625}{1026}$ Intake 1400; *25/10:* Diuresis $\frac{875}{1026}$ Intake 1300.

26/10: Diuresis $\frac{700}{1032}$ Intake 1300.

27/10: Bloodpr. 115. Perspires a little. Diuresis $\frac{650}{1026}$ Intake 1400.

28/10: Diuresis $\frac{1000}{1023}$ Intake 1400; *29/10* Diuresis $\frac{800}{1026}$ Intake 1300.

30/10: Diuresis $\frac{1200}{1020}$ Intake 1400; *31/10* Diuresis $\frac{625}{1028}$ Intake 1300.

3/11: Diuresis $\frac{1125}{1017}$ Intake 1300; v $\frac{}{1,25}$ $a_1M\frac{23}{14}a_1A\frac{65}{33}$ Li $\frac{}{23}$ Ls $\frac{15000}{14000}$ Bloodpr. 120.

4/11: Diuresis $\frac{625}{1025}$ Intake 1400; *5/11:* Diuresis $\frac{900}{1018}$ Intake 1350.

6/11: Diuresis $\frac{1000}{1016}$ Intake 1325.

8/11: v $\frac{20,00}{0,20}$ $a_1M\frac{20}{11}a_1A\frac{28}{29}$ Li $\frac{15}{?}$ Ls $\frac{14000}{13000}$ V $\frac{}{4,00}$ Considerable buzz. for which reason L i. cannot be given on l. side. Bloodpr. 120.

Rp. Catheteriz.

12/11: Passage rather narrow on l. side, free on r.

13/11: ¼ of an hour after catheteriz.: v $\frac{}{0,40}$ $a_1M\frac{18}{13*}a_1A\frac{61}{23}$ Li $\frac{15}{?}$ Ls $\frac{15000}{12000}$ (*a_1M more feeble than usual).

11 ½ o'clock: Sol. sulf. atrop. 1 ‰ 10 drops.

15 ½ o'clock: v $\frac{}{0,40}$ $a_1M\frac{20}{13}a_1A\frac{61}{27}$ Li $\frac{15}{30}$ Ls $\frac{15000}{12000}$ Bloodpr. 115. Pulse 74.

Diuresis $\frac{1150}{1016}$ Intake 1400. Rp. Digisolvin gtt 10 × 3.

14/11: Diuresis $\frac{1150}{1018}$ Intake 1300;

15/11: Diuresis $\frac{1250}{1017}$ Intake 1400;

v $\frac{}{0,35}$ $a_1M\frac{15}{12}a_1A\frac{60}{27}$ Li $\frac{15}{?}$ Ls $\frac{15000}{13000}$ Bloodpr. 120; pulse 76.

19/11: $v\frac{}{0,35}\ a_1M\frac{20}{12}a_1A\frac{60}{33}Li\frac{15}{23}Ls\frac{15000}{13000}$ Bloodpr. 120.

Considerable buzz., head is heavy. Sep. Medicin. Discharged.

26/11: $v\frac{}{0,15}\ a_1M\frac{22}{12}a_1A\frac{61}{27}$

4/12: Considerable attack 4 days ago, since then well.

$v\frac{}{0,20}\ a_1M\frac{}{12}a_1A\frac{}{35}Li\frac{}{32}V\frac{}{20,00}$ Rp. Pill. thyreoid. 1 × 2.

18/12: $v\frac{}{0,20}\ a_1M\frac{21}{7}a_1A\frac{61}{25}Li\frac{15}{23}$

Pressure in head.

28/12: Const. pressure in head and giddn. on making quick movements.

Sep. Thyreoid.

8/1-27: Pressure in head diminished after leaving off thyreoidin, but is still giddy.

15/1: $v\frac{}{0,20}\ a_1M\frac{20}{7}a_1A\frac{62}{28}$ Buzz. worse, still giddy, less pressure in head.

Rp. Extra salt.

26/1: $v\frac{}{0,30}\ a_1M\frac{19}{12}a_1A\frac{60}{33}Li\frac{15}{23}Ls\frac{15500}{13200}$

Eats about 20 grs of salt a day, diarrhoea rather frequently since beginning this cure. Buzz. the same. Still giddy. Rp. Agurin.

3/2: Has had slight palpit. and sensations of heat.

10/2: Perspires freely, esp. at night, head is not heavy.

$v\frac{}{0,30}\ a_1M\frac{}{15}a_1A\frac{73}{45}Li\frac{15}{17}Ls\frac{14000}{13000}$

21/2: $v\frac{}{0,40}\ a_1M\frac{}{15}a_1A\frac{}{45}$

Sep. Agurin. Reduced consumpt. of fluid.

28/2: $v\frac{20,00}{1,50}\ a_1M\frac{}{16}a_1A\frac{72}{54}Ls\frac{14000}{13000}$ Feels well. Buzz. less. ÷ headache.

8/3: Feels well. $v\frac{20,00}{4,0—6,0}\ a_1M\frac{23}{19}a_1A\frac{74}{57}Li\frac{15}{15}Ls\frac{14000}{14000}$

Diureses measured both while in hospital and after discharge were often small in compar. to intake esp. when taken into consideration that pt. perspires very little. Condition, since stay in hosp., is on the whole satisfactory. Looks after his work and has had no attack.

No. 30. F. born 1870.

Somewhat imbecile and very deaf, selfobservations therefore very imperfect. Mother died young, cause unknown. No. 4 of 4 children, 3 killed in accident. Anemia and headache when young. For 25 years not able to hear with l. ear; hearing decreased on r. ear during last 5—6 years. No discharge. No pains. Buzz. for 25 years in l. ear and for many years in r. No informat. as to hearing varying.

First attack of giddn. 12/1-26, vomited and fainted. Another attack 6/2-26, since then always feels unsteady. Feels as if she were falling during attacks. Adm. to Bispebj. Hosp. November 1926. Lumb. punct.: Cells 0/3, alb. 10—20, glob. 1—2. Several attacks after discharge from hosp.

Suffers a good deal from frontal headache. Cataract on l. eye for the last 4—5 years. Sight fairly good on r. eye. 1 normal partus 27 years ago. Child died when 1 month old. Considerable consumpt. of salt and liquids; urticaria several times. ÷ asthma. No gastro-intest. symptoms.
Adm. Mun. Hosp.'s Ear Dept. 9/2-27.

Pt. is thin, exhausted. Giddy on making least movement.

Skin dry. Thyr. gland diffusely enlarged. Bloodpr. 115. Pulse weaker in r. art. radial. than in l., but synchronic. Pigmentations from ulc. cruris on both lower extremities, pronounced varices; skin here cool but not cyanotic. Muscles flabby, but not tender. Sp. nyst. feeble ⇄.
Aures: Membr. dull, whitish, thickened. Retract. on l. side.

$$v\frac{0,50}{0}\,a_1M\frac{5}{0}\,a_1A\frac{20}{0}\,Li\frac{21}{-}\,Ls\frac{12000}{\quad}\,R\frac{+}{-}\,V\frac{-}{0}\,W =$$

11/2: Ophthalmoscopy on r. eye normal. Transf. to Eye Dept. for left sided cataract.

10/3: $v\frac{0,50}{0}\,V\frac{2,00}{0}\,a_1M\frac{0}{0}\,a_1A\frac{18}{0}\,Li\frac{24}{-}\,Ls\frac{13000}{\quad}$

No. 31. F. born 1864.

Mother died of cancer mammæ when 49. Father died of pneumonia when 60.

9 brothers and sisters, 5 stepbrothers and sisters. A brother died of nephritis, a sister died of brain tumor, another of cancer mammæ. Pt. has always been very nervous.

Menostasis 20 years ago. 3 normal partus. A daughter mb. Menièri (No. 19 of these cases).

Swelling of thyr. gland after last partus; the swelling remained for 16 years, disapp. on commencement of climact.

Very fat since menostasis began; suffers from flushings. In same periods often quite acute oedema of neck and hands, and eczema on hands and feet. ÷ vasomot. rhinit. Small consumpt. of salt, large consumpt. of fluids, a great deal of headache formerly, less during later years. 1897 acute l. sided otitis; no later discharge.

1912 sudden attack of giddn., since then numerous. During attacks falls to l. Between attacks often unsteady, dare not look to the side or upw. For many years bilat. buzz. in ears, can give no informat. as to relat. between buzz. and giddn. Was perfectly deaf on l. ear for some days 2 years ago. Treated with catheteriz. for l. sided stenosis.

9/9-25: $v\frac{5{,}00}{2{,}00}\,Li\frac{16}{20}\,Ls\frac{12000}{9000}\,W\downarrow$. $R\frac{+}{+}$ After catheteriz. $v\frac{\text{——}}{5{,}00}$ Dubious sp. nyst. to r. in r. side posture.

Ear Dept.'s Policl. 26/9-27. Height 162. Weight 85. Bloodpr. 140. Hemoglb. 92.

Aur. d.: Membr. dull, slight retract. Aur. s.: Inject. along man. Anteriorly pit-shaped retract. (scar?); upw. fibrous area.

Considerable congest. Tender infiltr. on upper arm, back of neck, femora and crura.

$$v\frac{20{,}00}{20{,}00^*}\,a_1M\frac{11}{11}\,a_1A\frac{48}{43}\,Li\frac{20}{24}\,Ls\frac{14000}{14000}$$ (* hears v more clearly on r. ear).

$\div$ sp. nyst. 5 rot. $\frac{\rightarrow 22}{\leftarrow 19}$ Calor. (18°) $\frac{+\text{ nyst. }+\text{ reversal}}{+\text{ nyst. }+\text{ reversal}}$

Amylnitr. distinct $\curvearrowleft\!\!\curvearrowright$, strongest $\curvearrowleft$; $\div$ buzz.

7/10: $v\frac{20{,}00}{\text{hardly }20{,}00}\,a_1M\frac{12}{10}\,a_1A\frac{40}{45}\,Li\frac{21}{24}\,Ls\frac{14000}{14000}$

No. 32. F. born 1900.

Parents, 2 brothers and 2 sisters very stout. Mother rheumatic. No. 13 of 13 children.

Has herself been very fat since 13—14 years old, declares she eats but little. Rheum. fever when 18, has since often pains in knee and ankle. $\div$ asthma. $\div$ vasomot. rhinit. $\div$ urticaria. Is not chilly. $\div$ cold extrm. No gastro-intest. symptoms. $\div$ paraesthesies. Ordinary consumpt. of liquids, eats much salt. Menses regular and plentiful.

No discharge from ears or pains. Buzz. in r. ear, nausea and giddn. with a slight reduction of hearing a fortnight previous to adm. Attacks of giddn. only lasting a few minutes, about once a-day. Feels perfectly well between attacks.

Adm. Mun. Hosp.'s Ear Dept. 9/12-26. Height 149. Weight 73.

Legs cyanotic; subcut. tissue somewhat oedematously infiltr. No swelling of thyr. gland.

Aur. d.: Membr. somewhat retracted. At umbo a calcar. deposit.

Aur. s.: Membr. cup-shaped retracted with relieflike project. manubr. Cav. nasi: Hypertrophy of conchæ inff., especially r. Pharynx: Large tonsils.

$\div$ sp. nyst. 10 rots. $\frac{\rightarrow 25''}{\leftarrow 32''}$ Calor. 18° $\frac{+\text{ nyst.}}{+\text{ nyst.}}$ reversal $\frac{+}{+}$

v $\frac{20,00}{20,00}$ Other acoustic tests worthless, as pt. states that she hears unsounded tun. fork both in air and bone conduction; says she hears the monochord, also when the string is not rubbed.

10/12: Bloodpr. 115. Slight frontal headache. Diuresis $\frac{500}{1030}$ Intake 1200.

11/12: Diuresis $\frac{675}{1024}$ Intake 1150; *12/12:* Diuresis $\frac{625}{1025}$ Intake 1050.

13/12: Diuresis $\frac{500}{1025}$ Intake 1000; *14/12:* Diuresis $\frac{700}{1025}$ Intake 950.

Rp. Euphyllin ctgr 20 × 3.

15/12: Diuresis $\frac{1125}{1016}$ Intake 1050; *16/12:* Diuresis $\frac{1025}{1016}$ Intake 1250.

17/12: Diuresis $\frac{650}{1020}$ Intake 1250.

18/12: Vasomot. skin reactions very sluggish everywhere on arms, back and legs. Even fraying of the skin only produces a broad white, irregular stripe. No reaction obtained on upper arm where skin remains red-cyanotic. Discharged.

31/12: Readm., as there have been several attacks since discharge from hosp. ÷ sp. nyst. in the diff. head postures.

10/1-27: Attack of giddn. last night with vomit. Violent buzz. and deafness during attack. Hearing now improved again and buzz. disapp. Sp. nyst. ↘ ↓, indep. of head posture.

11/1: Nausea and vomit. yesterday, also buzz. in r. ear.
Backposture ÷. R. and l. side posture →.

14/1: Stenosis on r. side, free on l.

Rp. Diet with reduced salt. Euphyllin ctgr 20 × 3.

25/1: Giddy, running cold, slight perspiration.

28/1: Weight 69,5. Discharged.

Diureses measured during whole time in hosp., but only quoted for first period, rather sparing; favourably affected by euphyllin, salyrgan and reduced intake of salt and fluids. As the hearing of whisper was 20,00, and the other acoustic results worthless, no relation between the hearing and output of fluid can be proved in this case.

No. 33. F. born 1890.

Mother stout from youth, healthy, 74 years old. Father asthma, died when 80. Pt. no. 6 of 6 children, all healthy except one sister, who has myxoedema.

Healthy as child and whilst growing up. »Asthma» as young during gravidity. 2 normal partus resp. 14 and 17 years ago. 4—5 miscarriages. Influenza 7 years ago, without complications. Pt. was adm. to dept. VI under diagn.: Hysteria gravis. Neurol. examin. showed nothing particular beyond a l.-sided Babinski.

Pt. has a number of different sensations: Lassitude, pressure in head, pains all over her body, feels small tender lumps everywhere. Sensation of cold on crura; is chilly. Her nose runs as soon as she eats hot food, otherwise no symptoms of vasomot. rhinit. Feels tired.

÷ urticaria. Small consumpt. of salt and liquids. Perspires easily. Fingers often numb. Obstipat., takes paraffin daily. Buzz. in l. ear; for last 7 years also giddn. Hearing also reduced during last 1 ½ year. Giddn. at first always appeared 10—12 days before menses, is now quite irregular; gets giddy esp. when lying on l. side. Pt. states of her own accord, that the giddn. comes when she is not getting much exercise; giddn. absolutely nil for 4 months, during which she took much bicycle exercise. Never pains in ears or discharge. Buzz. constant, increasing during attacks. Does not think her hearing varies.

Adm. Mun. Hosp.'s Ear Dept. 1/6-27. Height 151. Weight 74,5. Bloodpr. 115.

Aur. d. et s.: Slight retract.

$$v\,\frac{18{,}00}{2{,}00}\,a_1M\,\frac{14\frac{1}{2}}{4}\,a_1A\,\frac{19}{4\frac{1}{2}}\,Li\,\frac{18}{34}\,Ls\,\frac{18000}{16000}$$

÷ Sp. nyst. 10 rot. $\frac{\rightarrow 18}{\leftarrow 30}$ Calor. (18°) $\frac{+\text{ nyst.}}{+\text{ nyst.}}$

Enormeous subcut. infiltr. in legs, arms and back. Slight cyanosis on crura.

2/6: Now and then ⥁ in sitting posture. R. sideposture: ÷. L. side. posture reinforces ⥁ (corresp. to the sp. giddiness).

Discharged on demand.

25/7: Hemoglb. 93,5. Repeated attacks. Feeble ⥁. Compr. of tragus and carotis, compr. asp. in ext. meatus ÷. Amylnitr.: Cessation of nyst. Buzz. unaltered.

$$v\,\frac{20{,}00}{0{,}4—20{,}00}\,a_1M\,\frac{15}{0}\,a_1A\,\frac{50}{18}\,Li\,\frac{16}{22}\,Ls\,\frac{17000}{16000}$$ Hemoglb. 91,6.

2/8: $$v\,\frac{20{,}00}{0{,}3—0{,}4}\,a_1M\,\frac{14}{9}\,a_1A\,\frac{41}{14}\,Li\,\frac{18}{24}\,Ls\,\frac{18000}{16000}$$ + sp. nyst.

Rp. Reduction of fluid intake.

8/8: Very giddy, sp. nyst. ⥁.

$$v\,\frac{20{,}00}{0{,}20}\,a_1M\,\frac{15}{13}\,a_1A\,\frac{45}{*14}\,Li\,\frac{18}{36}\,Ls\,\frac{18000}{17000}$$ (*only heard as increased buzzing). Weight 76,7.

15/8: Const. attacks. Weight 77.

22/8: Pressure in head. ÷ giddn. Weight 76,3.

29/8: Feels better directly after menses.

$$v\,\frac{20{,}00}{0{,}20}\,a_1M\,\frac{19}{10}\,a_1A\,\frac{46}{0}\,Li\,\frac{16}{36}\,Ls\,\frac{20000}{19000}$$

2/9: Readm. Lumb. punct.: Cells 1—2/3, alb. 6, glob. 0.
Rp. »Carell cure» once a week.

8/9: »Asthma».

$$v\,\frac{20{,}00}{0{,}40}\,a_1M\,\frac{13}{10}\,a_1A\,\frac{47}{12}\,Li\,\frac{16}{55}\,Ls\,\frac{19000}{18000}$$

12/9: Salyrgan expm. No. 5. (Vol. I, pag. 43).

14/9: Menses at expected time.

$$v\,\frac{}{0{,}2—1{,}5}\,a_1M\,\frac{16}{12}\,a_1A\,\frac{47}{22}\,Li\,\frac{15}{32}\,Ls\,\frac{18000}{17000}$$ Tabl. Ovariae 1 × 3.

21/1: $$v\,\frac{2000}{4{,}00}\,a_1M\,\frac{21}{16}\,a_1A\,\frac{60}{22}\,Ls\,\frac{19000}{19000}$$

24/9: Discharged.
Diuresis and intake measured daily; normal.

27/9: Catheteriz. free on r.; stenosis on l. side.

18/6-28: Readm.

$$v\,\frac{20{,}00}{0{,}5—4{,}0}\,a_1M\,\frac{15}{10}\,a_1A\,\frac{50}{25}\,Li\,\frac{15}{23}\,Ls\,\frac{19000}{19000}$$ Buzz. on l. side.

20/6: Salyrgan expm. No. 52. (Vol. I, pag. 63).

4/7: Salyrgan expm. No. 53. (Vol. I, pag. 63).

19/7: $$v\,\frac{20{,}00}{0{,}5—20{,}00}\,a_1M\,\frac{15}{13}\,a_1A\,\frac{60}{26}\,Li\,\frac{15}{15}\,Ls\,\frac{19000}{17000}$$

22/9: Salyrgan expm. No. 70. (Vol. I, pag. 70). Discharged.

No. 34. F. born 1872.

Father rheumatic. One son very deaf, another son urticaria. — Healthy formerly, excepting for influenza in 1918. Never discharge from ears or pains. 2 partus, miscarried 3 times. Menostasis 2 years ago at which time present trouble commenced; has grown worse during last 5 months. Headache, attacks of giddn., buzz. in ears and deterioration of hearing; also sudden lassitude. Giddn. shows itself esp. on moving her head; feels dull and giddy in the morning, lighter towards evening. Has never fallen. Has bilat., slightly varying buzz. simultan. with giddn. Hearing much reduced. No exact informat. as to when she first noticed deafness, or as to its relat. to the giddn. and buzz.; neither has she noticed any fluctuation of hearing.

Headache almost uniform all day in occiput and over eyes. Feels best in warm and clear weather. Rheum. pains in the whole body. Congestions; perspires a good deal since climact. began. Size of neck much increased last few years.
÷ palpitations, ÷ dyspnoea, ÷ asthma, ÷ urticaria. Slight consumpt. of salt and liquids.

Adm. Mun. Hosp. Dept. II (med.) April 1927 for Basedows disease. Cephalalgia.

Standard metabolism 6 % increased. Lumb. punct.: Cells 1/7, alb. 7, glob. 1, W. R. ÷. Bloodpr. 150—130. Hemoglb. 85. Ophthalmoscopy normal. Oedema of ankles and crura. Skin dry. Diffuse struma.

17/5: Ear Dept. Policlinic: $v\frac{0,35}{3,00}a_1M\frac{8}{9}a_1A\frac{24}{18}Li\frac{24}{18}Ls\frac{8000}{10000}R\frac{+}{+}W=$

Romberg ÷.
Sp. nyst. ⇄, indep. of headposture.
Transf. to Ear Dept. 2/6-27.

Height 160 ctm. Weight 178,8. Pt. makes a sensible impression, but looks much older than her age. Features coarse. Pronounced acro-cyanosis (hands, fingers, nose, lips, crura). Skin dry. Very considerable and very tender infiltr. of subcut. tissues, esp. in extrm.
Aur. d.: Membr. cup. shaped retracted, atrophic with transluc. artic. inc.-stap. Aur. s.: Pronounced relief-like project. of manubr., otherwise like right.

$$v\frac{2,00}{1,50}a_1M\frac{9}{10}a_1A\frac{15}{25}Li\frac{26}{17}Ls\frac{17000}{17000}R\frac{+}{+}$$ Sp. nyst. ⇄ indep. of headposture.

10 rots. $\frac{\rightarrow 18'' + \text{sp. nyst.}}{\leftarrow 13 \text{ then sp. nyst.}}$
Calor. 18° l. ear: ↺ + reversal.
Calor. (Warm) r. ear: ↺ + reversal.

Thyr. gland enlarged, esp. isthmus. Diminished flexibility in both ankles, almost all finger joints swollen. There is pes plano-valgus dupl.

3/6: Diuresis $\frac{425 +}{1027}$ Intake 1200. Bloodpr. 115.

4/6: Diuresis $\frac{625}{1018}$ Intake 1200. Sp. nyst. ⇄ unchanged in sideposture.

Compr. of carotis, compr. and aspir. in ext. meatus: ÷ Amylnitr. reinforces sp. nyst.

5/6: Diuresis $\frac{1000}{1628}$ Intake 1000; 6/6 Diuresis $\frac{800}{1010}$ Intake 800.

7/6: Salyrgan expm. No. 6. (Vol. I, pag. 44).

10/6: Headache ceases, buzz. less. Feeble nyst. in back posture ⇄.
Rp. Massage. Passive movements.

10/6: v $\frac{2{,}00}{4{,}00}$ $a_1M\frac{6}{8}$ $a_1A\frac{25}{49}$ Li $\frac{15}{15}$ Ls $\frac{9000}{8000}$ ÷ buzz. Hemoglb. 90,2.

11/6: v $\frac{4{,}00}{10{,}00}$ $a_1M\frac{10}{11}$ $a_1A\frac{30}{50}$ Li $\frac{15}{15}$ Ls $\frac{9000}{11000}$ ÷ buzz. Hemoglb. 99.

13/6: v $\frac{4{,}00}{2{,}00}$ $a_1M\frac{6}{11}$ $a_1A\frac{25}{45}$ Li $\frac{15}{15}$ Ls $\frac{9000}{10000}$ Hemoglb. 93,5.

14/6: v $\frac{10{,}00}{4{,}0—10{,}00}$ $a_1M\frac{8}{10}$ $a_1A\frac{35}{50}$ Li $\frac{15}{15}$ Ls $\frac{9500}{10500}$ Hemoglb. 78,9.

16/6: v $\frac{20{,}00}{20{,}00}$ $a_1M\frac{7}{13}$ $a_1A\frac{35}{50}$ Li $\frac{15}{15}$ Ls $\frac{9000}{10000}$ Hemoglb. 78,9.

20/6: v $\frac{20{,}00}{20{,}00}$ $a_1M\frac{6}{13}$ $a_1A\frac{37}{54}$ Li $\frac{15—20}{20}$ Ls $\frac{8000}{10000}$ Hemoglb. 103.

÷ buzz., but headache for last 2 days. Feels best when up; headache and hearing always worse when lying down. Bloodpr. 115.

22/6: v $\frac{10{,}00}{20{,}00}$ $a_1M\frac{10}{10}$ $a_1A\frac{27}{41}$ Li $\frac{15}{15}$ Ls $\frac{9000}{11000}$ Hemoglb. 94,6. Weight 77.8.

27/6: v $\frac{20{,}00}{20{,}00}$ $a_1M\frac{9\ \frac{1}{2}}{11}$ $a_1A\frac{25}{37}$ Li $\frac{15}{15}$ Ls $\frac{8000}{11000}$ Hemoglb.,102,3. Weight 77,2.

8/7: v $\frac{20{,}00}{20{,}00}$ $a_1M\frac{11}{14}$ $a_1A\frac{45}{49}$ Li $\frac{15}{15}$ Ls $\frac{9000}{10000}$ Weight 75,5. Discharged.

9/8: v $\frac{20{,}00}{20{,}00}$ $a_1M\frac{9}{12}$ $a_1A\frac{35}{45}$ Li $\frac{15}{15}$ Ls $\frac{9000}{7000}$ Weight 76.

Diuresis measured during whole stay in hosp. copious as compared to intake, excepting during the first days.

11/10-28: Last month again giddy. Does not thirst. Does not take exercise. Is herself aware that this is the reason of her bad condition. Feels relief by euphyllin, which she however has not taken last ½ year.
Sp. nyst. strong ⇄.

v $\frac{1{,}00}{10{,}00}$ $a_1M\frac{7}{8}$ $a_1A\frac{5}{27}$ Li $\frac{>150}{15}$ Ls $\frac{13000}{16000}$ + bilat. buzz. Weight 77,0.

Rp. Euphyllin ctgr 10 × 3. Reduced fluid.

No. 35. M. born 1884.

Father rheum. fever and always rheumatic; died aged 69 of apoplexy. Mother died at 65 also of apoplexy. Family disp. to adipositas. No. 3 of 8 children.

Urticaria as a child. Rejected as conscript 1904 on account of »shoulder complaint». There was also said to have been question of tuberculosis;

weighed at that time 51 kilo. Was in the country for 2 months and kept well until 1908, when a sudden short apoplectiform attack of giddn.; fell straight back twice. Remembers nothing as to buzz. or deafness at that time. Attacks disappeared after 18 months.

Buzz. in l. ear and giddn. appeared after influenza in 1918 and 19. Both soon disapp. Since then giddn. and buzz. repeatedly, sometimes in l., sometimes in r. ear; at same time headache. Has no longer any severe attacks, but often feels as if his bed were revolving; pt. first gets this rotating sensation after having been in bed a couple of hours; it ceases when he gets up; buzz. vary. Can give no informat. as to relation to giddn. or hearing. Thinks hearing is all right. Never had discharge or pains in ears. Complains esp. of pressure in his head around both ears. Memory is bad and pt. is irritable. Gait often unsteady.

÷ vasomot. rhinit., ÷ cold extremities. Is not chilly. Great consumpt. of fluids, normal use of salt. Perspires easily. During last 5 or 6 years a tingling sensation in fingers and toes, which can appear at all times of the day. ÷ hyperaesthesia acustica.

Mun. Hosp.'s Ear Dept.'s Policl. 7/9-27. Height 171. Weight 85,0. Bloodpr. 158.

Aur. d. et s.: Slight retract., most on left.

$$v\,\frac{20{,}00}{20{,}00}\,a_1M\,\frac{10}{9\frac{1}{2}}\,a_1A\,\frac{52}{35}\,Li\,\frac{15}{15}\,Ls\,\frac{18500}{16500}\,R\,\frac{+}{+}\,W = \div \text{ sp. nyst.}$$

Rp. Reduced salt intake.

11/2: Head feels heavy, pressure on both ears. Buzz. on l. ear. Fluid intake reduced.

$$v\,\frac{20{,}00}{20{,}00}\,a_1M\,\frac{9}{9}\,a_1A\,\frac{58}{44}\,Li\,\frac{15}{18}\,Ls\,\frac{17000}{17000}$$

18/2: Bloodpr. 158. Great intake of fluids.

20/2: Bloodpr. 158. $a_1M\,\frac{8}{8}$ Slight whistling on both ears. Weight 84,0.

Rp. Light reducing diet.

7/3: Weight 83,5. Feels better.

14/3: Weight 81,5. Bloodpr. 135. Feels better, buzz. less.

28/3: Feels a little giddy.

$$v\,\frac{20{,}00}{20{,}00}\,a_1M\,\frac{10}{6}\,a_1A\,\frac{58}{44}\,Li\,\frac{15}{15}\,Ls\,\frac{18000}{17500}$$ Bloodpr. 135.

29/4: $$v\,\frac{20{,}00}{20{,}00}\,a_1M\,\frac{10}{7}\,a_1A\,\frac{65}{55}\,Li\,\frac{15}{15}\,Ls\,\frac{18000}{18000}$$ Weight 77,5.

11/5: $$v\,\frac{20{,}00}{20{,}00}\,a_1M\,\frac{9}{8}\,a_1A\,\frac{61}{55}\,Li\,\frac{15}{15}\,Ls\,\frac{18000}{18000}$$ Weight 75. Feels well.

10/6: $v\frac{20,00}{20,00}\ a_1M\frac{9}{7}\ a_1A\frac{42}{36}\ Li\frac{15}{15}\ Ls\frac{20000}{18000}$ Weight 73. Bloodpr. 130.

5 rot. $\frac{\rightarrow 18}{\leftarrow 11}$ (Tested twice).

Calor. (20 ccm 18°) r. ear after 39″ + nyst., ÷ reversal. On l. side indication of nyst. after 40 ccm, first after 60 ccm distinct reversal.

Perfectly free from buzz., headache and giddn.

1/7: Slight tension in head and down behind l. ear. Weight 72,8.

÷ sp. nyst. in the diff. headpostures.

Amylnitr. during flush, rather feeble nyst. to l. (rotat.?); also present during fading.

11/8: Weight 73. Feels perfectly well. Has felt like another being for past fortnight.

$$v\frac{20,00}{20,00}\ a_1M\frac{11}{14}\ a_1A\frac{60}{57}\ Li\frac{15}{15}\ Ls\frac{18000}{17000}$$

Diuresis and intake measured at home: Intake very considerable, about 3 liters. Diuresis about 1500—2000, somewhat fluctuating, but always considerably less than fluid intake. During treatment with reduced salt and fluid intake diuresis greater than intake, at same time pt. lost considerably in weight.

No. 36. M. born 1879.

Only child. Mother died in confinement. Pt. knows nothing about her family. Gastric fever when 15. Present trouble began in 1910 with an attack of giddiness, buzz. and deafness. Attacks come suddenly esp. in the morning, at first at intervals of from 1 to 2 weeks, now less frequent. Everything turns, at same time nausea, vomit., pains in occiput and buzz. like bellringing. Diplopia during one of the attacks. Pt. feels well as soon as attacks, which may last some hours, are over excepting for headache and buzz.; these could in beginning of disease last several days and then disapp. entirely, now however they never disapp. totally. Subjective ear phenomena are, as a rule, unilat., but during the different attacks affect sometimes the l. sometimes the r. ear; since 1918 however the r. ear is the one which has been most affected.

Has not noticed anything with regard to fluctuating hearing either in connection with attacks or in free periods; hearing on r. ear has gone down very much since trouble began. Complains also of pressure on both ears, mostly on right. Headache in back of head, worst during periods of giddn., during which he also feels great lassitude. Never any discharge from ears. Always tendency to palpitations, easily becomes short of breath. Not particularly chilly. Gets broken chilblains every winter on ears, toes and fingers. At periods gets nettle rash several times a week. Normal consumpt.

of fluid and salt. Perspires with difficulty. ÷ diplacusis. ÷ vasomot. rhinit. Dead feeling now and then around r. ear.
Adm. Mun. Hosp. Ear Dept. 1/9-23.
Auris s.: Post. part of membr. rather dull and greyish, perhaps slight retract. (See lower 31/8-27.) Distinct cyanosis and scars from chilblains on both ears.

$$v\,\frac{20{,}00}{20{,}00}\,a_1M\ (10)\,\frac{6}{8}\,a_1A\ (25)\,\frac{12}{12}\,Li\,\frac{21}{19}\,Ls\,\frac{12400}{12400}\,R\,\frac{+}{+}\,W = \div \text{ sp. nyst.}$$

Calor. (18°) $\frac{24 \rightleftarrows + \text{ reversal}}{22 \rightleftarrows + \text{ reversal}}$ 10 rot. $\frac{\rightarrow 17''}{\leftarrow 18''}$

3/9: Lumb. punct.: Pressure 260, cells ⅓, alb. 9, glob. 0. W R ÷.

Rp. Inj. chl. pilocarp. increasing doses.

9/9: sp. nyst. ⥀ v (+ Bá) $\frac{2{,}00}{2{,}00}$ Ls $\frac{13920}{}$

12/9: Buzz. and pressure on r. ear increase during the transpir. after pilocarpin inject. Giddn. appears esp. when lying on l. side.

19/9: $Li\,\frac{21}{19}\,Ls\,\frac{13920}{13920}$ Discharged.

13/11: Has been well up to a few days ago. Is once more tired and feels heavy in his head, also buzz. »inside his head».

$$v\,\frac{16{,}00}{4{,}00}\,Li\,\frac{28}{21}\,Ls\,\frac{14748}{14748}$$ After catheteriz. $v\,\frac{20{,}00}{20{,}00} \div$ sp. nyst.

Rp. Catheteriz.

30/1-24: Was well for a couple of months, now buzz. and pressure on r. ear again, also giddiness ÷ headache.

$v\,\frac{16{,}00}{20{,}00}$ Counterroll. 50°, to r. 3 ½°, to l. 3°.

After catheteriz., which passes well: $v\,\frac{20{,}00}{20{,}00}$

31/1: ÷ sp. nyst. R. and l. side posture feeble ⥀ with prepond. slow phase increased by forw. bend. Counterroll.: (60°) to r. 4°, to l. 3°.

19/2: $v\,\frac{20{,}00}{20{,}00}\,a_1M\ (10)\,\frac{6}{7}\,a_1A\ (25)\,\frac{6}{9}\,Li\,\frac{32}{18}\,Ls\,\frac{14700}{14700}$

During last 3 days pressure and buzz. in r. ear, giddn. on bend. forward, buzz. not affect.
Backposture ÷. L. side posture ⥀?

20/2: Great giddn. with distinct sensat. that surroundings revolve from l. to r.
In all headpostures distinct ⥀.

a_1M (10) $\frac{7}{9}$ a_1A (25) $\frac{16}{18}$ Li $\frac{36}{20}$ Ls $\frac{14748}{14748}$

1/5-24: Another attack a fortnight ago, since then pressure in r. ear and buzz.

v $\frac{4{,}00}{20{,}00}$ a_1M (10) $\frac{7}{10}$ a_1A (25) $\frac{8}{17}$ Li $\frac{38}{20}$ Ls $\frac{12000}{13000}$

19/6: v $\frac{1{,}00}{\text{——}}$ a_1M (10) $\frac{3}{8}$ a_1A (25) $\frac{9}{20}$ Li $\frac{38}{16}$ Ls $\frac{12000}{14000}$ R $\frac{+}{+}$

Upright posture feeble →. Head on r. shoulder →, head on l. shoulder ←.
Giddn. decreased, but hearing considerably reduced.
Readm. 8/7-24.

v $\frac{1{,}50}{20{,}00}$ a_1M (10) $\frac{3}{7}$ a_1A (25) $\frac{6}{25}$ Li $\frac{28}{16}$ Ls $\frac{13000}{15000}$ R $\frac{+}{+}$

Gellé a_1M (10) $\frac{\div\ 6}{+\ 7\ \text{feeble}}$

÷ sp. nyst. 10 rot. $\frac{\rightarrow 33}{\leftarrow 30}$ Calor. (18°) $\frac{27''\ \overset{\rightarrow}{\frown} + \text{reversal}}{25''\ \overset{\leftarrow}{\frown} + \text{reversal}}$

Counterroll. 50° (r. eye) to r. 0°—0°. Counterroll. 50° to l. 5°—5°.

Rp. Inj. chl. pilocarp. increasing doses.

19/7: v $\frac{1{,}00}{20{,}00}$ a_1M (10) $\frac{4}{8}$ a_1A (25) $\frac{6}{17}$ Li $\frac{30}{17}$ Ls $\frac{12000}{14000}$ R $\frac{+}{+}$

20/7: v $\frac{0{,}50}{\text{——}}$ a_1M (10) $\frac{4}{-}$ a_1A (25) $\frac{8}{-}$ Li $\frac{30}{-}$ Ls $\frac{12000}{\text{——}}$ R $\frac{+}{+}$ ÷ sp. nyst.

26/7: v $\frac{0{,}50}{\text{——}}$ a_1M (10) $\frac{4}{-}$ a_1A (25) $\frac{9}{-}$ Li $\frac{30}{-}$ Ls $\frac{12000}{\text{——}}$ R $\frac{+}{+}$

27/7: Counterroll. 50° to r. 3°, to l. 3°.

30/7: 10 rot. $\frac{\rightarrow 32}{\leftarrow 24}$ Calor. 18° $\frac{27\ \overset{\rightarrow}{\frown} + \text{reversal}}{24\ \overset{\leftarrow}{\frown} + \text{reversal}}$ Discharged.

11/12-24: Well until 3 weeks ago, when he got fresh attacks of giddn., lasting few min., now and then accomp. by vomit. After this an improvement for several days.
÷ sp. nyst.

v $\frac{1{,}00}{20{,}00}$ a_1M (10) $\frac{6}{8}$ a_1A (25) $\frac{6}{23}$ Li $\frac{45}{16}$ Ls $\frac{12000}{13000}$ After catheteriz. $\frac{1{,}50}{\text{——}}$

Rp. Daily catheteriz.

28/12: v $\frac{4{,}00}{\text{——}}$

6/2-25: Giddy last days. v. $\frac{1{,}00}{\text{——}}$

Readm. 18/2-25 on account of increasing indisp.

$$v\ \frac{0,20}{20,00}\ a_1M\ (10) - \frac{4}{}\ a_1A\ (25) - \frac{3}{}\ Li - \frac{38}{}\ Ls\ \frac{12000}{}$$

Sitting posture $\overleftrightarrows$, headbend. to r. increased $\overleftrightarrows$, pt. vomits ceaselessly during exam.

19/2: $\div$ sp. nyst. 10 rot. $\frac{\rightarrow 31}{\leftarrow 33}$ $\div$ giddn.

Calor. 18° $\frac{23 \overleftrightarrows + \text{reversal}}{21 \overleftrightarrows + \text{reversal}}$

21/2: Has been very giddy. Rp. Inj. chl. pilocarp.

Backposture $\div$, r. side posture $\leftarrow$, l. side posture a single beat $\overleftrightarrows$. $v\ \frac{0,25}{}$

27/2: Giddn. and vomit. this morning. Back posture $\downarrow \swarrow$, r. side posture = back posture. L. side posture a few $\overleftrightarrows$.

3/3: $v\ \frac{0,25—0,4}{}\ Ls\ \frac{12000}{}$ Discharged.

24/6-26: No considerable attack. Sways a little from side to side now and then. Can work, and walk on scaffolding (painter). Const. buzz. on r. ear.

$$v\ \frac{0,25}{20,00}\ V\ \frac{20,00}{}\ a_1M\ (10)\ \frac{4}{6}\ a_1A\ (25)\ \frac{0}{15}\ Li\ \frac{65}{15}\ Ls\ \frac{12500}{13500}\ R\ \frac{+}{+}$$ Inconsiderable buzz.

$\div$ stenosis.

19/7: $v\ \frac{0,20}{20,00}\ a_1M\ (10)\ \frac{4\frac{1}{2}}{6\frac{1}{2}}\ a_1A\ (25)\ \frac{0}{15}\ Li\ \frac{65}{15}$ Weight 67,0.

30/7: More giddy during last weeks and buzz. worse. Weight 86,0.

$$v\ \frac{0,35}{20,00}\ a_1M\ (10)\ \frac{3}{5}\ a_1A\ (25)\ \frac{0}{14}\ Li\ \frac{45}{15}\ Ls\ \frac{13140}{13140} \div \text{nyst.}$$

6/8: Buzz. on the increase, also pressure on r. ear.

$$v\ \frac{0,25}{}\ a_1M\ (10) - \frac{1}{}\ a_1A\ (25) - \frac{0}{}\ Li - \frac{80}{}\ Ls\ \frac{12500}{13000}$$ Weight 68,5. Catheteriz. passage difficult. Rp. Tabl. Agurini ctgr 50 × 3.

13/8: Less giddy, pressure in cardia (agurin).

$$v\ \frac{0,35}{}\ a_1M\ \frac{4}{11}\ a_1A\ \frac{0}{55}\ Li\ \frac{50}{15}$$ Bloodpr. 115. Weight 68. Stenosis.

31/8: Aures: Rather considerable retraction. L. tymp. membr. dull, milky. On r. side light reflex, but calcar. deposits upw. and forwards.

6/9: $v\ \frac{0,30}{}\ a_1M\ \frac{5}{10}\ a_1A - \frac{6}{}\ Li\ \frac{80}{15}$ Sep. Agurin. Rp. Diet with reduced salt.

17/9:
Salyrgan expm. No. 32. (Vol. I, pag. 54).

4/10: v $\frac{0,60}{---}$ a_1M $\frac{3}{7}$ a_1A $\frac{6}{55}$ Li $\frac{60}{---}$

8/10: v $\frac{0,80}{---}$ a_1M $\frac{5}{8}$ a_1A $\frac{17}{55}$ Li $\frac{55}{15}$ ÷ sp. nyst.

9/10: v $\frac{0,80—1,00}{---------}$ a_1M $\frac{6}{10}$ a_1A $\frac{11}{50}$ Li $\frac{45}{17}$

22/10: v $\frac{1,00}{---}$ a_1M $\frac{6}{10}$ a_1A $\frac{17}{55}$ Li $\frac{45}{17}$

22/11: v $\frac{0,50}{---}$ a_1M $\frac{6}{9}$ a_1A $\frac{17}{55}$ Li $\frac{45}{17}$ Weight 69. Sep. Reduced salt.

29/11: Well. Weight 70. v $\frac{0,50—1,50}{---------}$

13/12: v $\frac{0,50}{20,00}$ a_1M $\frac{6}{12½}$ a_1A $\frac{15}{43}$ Li $\frac{70}{18}$ Ls $\frac{13140}{14748}$ Bloodpr. 98.

3/1-27: v $\frac{0,50}{20,00}$ a_1M $\frac{9}{12½}$ a_1A $\frac{18}{50}$ Ls $\frac{12000}{13000}$

14/1: v $\frac{0,40}{20,00}$ a_1M $\frac{10}{12}$ a_1A $\frac{15}{60}$ Li $\frac{55}{18}$ Ls $\frac{12500}{13000}$ ¡Rp. Kalzan 2 tbl. × 3.

21/1: Greater pressure on l. ear last few days, occipit. headache, buzz. worse and slightly giddy.

v $\frac{0,40}{20,00}$ a_1M $\frac{6}{12}$ a_1A $\frac{10}{49}$ Li $\frac{> 150}{18}$ Ls $\frac{12000}{12500}$

Sep. Kalzan. Rp. Reduced salt.

28/1: Const. giddy and considerable buzz. on r. ear.

v $\frac{0.30}{---}$ a_1M $\frac{7}{14}$ a_1A $\frac{5}{50}$ Li $\frac{> 150}{18}$ Ls $\frac{12500}{13000}$ Bloodpr. 125. ÷ sp. nyst.

Rp. Calcium-Diuretin ctgr 50 × 3.

18/2: Const. giddy, buzz. decreasing. v $\frac{1,00}{20,00}$ a_1M $\frac{6}{12}$ a_1A $\frac{12}{61}$ Li $\frac{60}{18}$ Ls $\frac{12000}{13000}$

21/12: v $\frac{0,4—0,75}{20,00}$ a_1M $\frac{7}{11}$ a_1A $\frac{20}{60}$ Li $\frac{36}{18}$ Ls $\frac{12000}{13000}$

7/3: Less buzz., ÷ giddn. v $\frac{0,75—1,00}{---------}$ a_1M $\frac{7}{11}$ a_1A $\frac{21}{---}$ Li $\frac{55}{---}$

28/3: v $\frac{1,0—1,25}{20,00}$ a_1M $\frac{6}{11}$ a_1M $\frac{10}{62}$ Li $\frac{70}{15}$ Ls $\frac{12500}{13500}$ Weight 67.

Sep. Calcium-Diuretin.

11/4: Headache, lassitude. Chilblains on both ears and toes.

$$v\ \frac{0{,}2—0{,}5}{\quad}\ a_1M\ \frac{8}{13}\ a_1A\ \frac{11}{52}\ Li\ \frac{65}{15}\ Ls\ \frac{13000}{14000}$$

16/5: Feels better. Buzz. almost disapp.

$$v\ \frac{0{,}2—0{,}4}{*\ 20{,}00}\ a_1M\ \frac{9\frac{1}{2}}{9\frac{1}{2}}\ a_1A\ \frac{17}{55}\ Li\ \frac{40}{15}\ Ls\ \frac{12000}{12000}$$ Bloodpr. 100.

(* but not for all numbers). Indication of ←.

23/5: Well. $v\ \frac{1{,}00}{\quad}\ a_1M\ \frac{6\frac{1}{2}}{12}\ a_1A\ \frac{29}{50}\ Li\ \frac{30}{15}\ Ls\ \frac{12000}{13500}$ ÷ sp. nyst.

3/6: $v\ \frac{0{,}75—1{,}50}{20{,}00}\ a_1M\ \frac{6}{12}\ a_1A\ \frac{19}{45}\ Li\ \frac{30}{15}$

Amylnitr. ÷ nyst.

13/6: Feels ill. Body is hot and itching, occipit. headache and violent buzz.

$$v\ \frac{0{,}10}{\quad}\ a_1M\ \frac{4}{11}\ aA_1\ \frac{0}{38}\ Li\ \frac{90}{15}\ Ls\ \frac{12500}{14000}$$ Hemoglb. 85,8.

17/6: Feels better.

$$v\ \frac{0{,}10}{\quad}\ a_1M\ \frac{7}{12}\ a_1A\ \frac{14}{38}\ Li\ \frac{50}{15}\ Ls\ \frac{13000}{15000}$$ Hemoglb. 101. Bloodpr. 110.

26/6: Unsteady. $v\ \frac{0{,}1—0{,}2}{20{,}00}\ a_1M\ \frac{3}{10}\ a_1A\ \frac{4}{30}\ Li\ \frac{120}{18}\ Ls\ \frac{12000}{13000}$ ÷ sp. nyst.

3/7: Feels poorly, const. buzz. on r. ear and now and then ringing on l. ear. $v\ \frac{0{,}05—0{,}10}{*\ 20{,}000}\ a_1M\ \frac{3}{10}\ a_1A\ \frac{4}{30}\ Li\ \frac{120}{18}\ Ls\ \frac{12000}{13000}$ (* not for all numbers). ÷ sp. nyst. Side bend. ÷. Forw. bend. ÷. Compress. of carotis, tragus, compress. and aspir. in ext. meatus ÷. Amylnitr. ÷.

5 rot. $\frac{\rightarrow\ 11''}{\leftarrow\ 14''}$

6/7: Well again. No buzz. on r. but still on l. ear. ÷ headache. ÷ giddn.

$$v\ \frac{0{,}20}{20{,}00}\ a_1M\ \frac{9}{16}\ a_1A\ \frac{4}{44}\ Li\ \frac{90}{15}\ Ls\ \frac{13000}{13000}$$ Weight 65,2.

3/8: Well. Inconsiderable buzz. on r. ear

$$v\ \frac{0{,}05—0{,}10}{20{,}00}\ a_1M\ \frac{5}{12}\ a_1A\ \frac{8}{48}\ Li\ \frac{40}{15}\ Ls\ \frac{14000}{15000}$$ Weight 65,1.

Aur. d. et s.: Considerable retract. on both sides; l. membr. dull, milky; r. very lustrous; calcar. areas upw. and forw.

No. 37. F. born 1875.

Both parents rheumatic. 8 children of whom 2 suffer from rheumatism. Never pains in ears nor discharge. Hearing very variable on both ears for about 10 years, esp. when she has colds; then she also feels giddy. Sensat. of ears closing up and hears badly when she is by the sea, also during storms. Attacks of giddn. and sensat. of rotat. last 3 ½ years. Never buzz. in ears, but pressure on both ears. Always headache, esp. about the forehead. Flushings during latter months. Has noticed a swelling on front of neck. Paroxysms of perspir. and much palpitation. Ischias on r. side a year ago; nettle rash at same period and has not been able to wear woollen underclothes since. Treated in 1921 at Bispebjerg Hosp. for catarrh of bowels; stomach and bowel now all right. Menses regular, without molim. and without influence on headache. Not chilly. ÷ cold extrm., ÷ vasomot. rhinit. Small consumpt. of liquids, eats very little salt. Ankles slightly swollen in evenings, ÷ paraesthesies.

1/3-19: $v\frac{3,00}{0,50}$ *15/3* $v\frac{}{8,00}$, *27/5-24* $v\frac{8,00}{4,00}$, *22/9* $v\frac{4,00}{4,00}$ *2/10* $v\frac{8,00}{8,00}$

28/4-25: $v\frac{2,00}{2,00}$

Treated with catheteriz. for stenosis.

15/10-26: Height 155. Weight 71,5. Bloodpr. 145.
Aur. d.: Slight retract. Aur. s.: Considerable retract.

$$v\frac{5,00}{3,00}\,a_1M\frac{8}{5}\,a_1A\frac{38}{31}\,Li\frac{15}{15}\,Ls\frac{11000}{15000}\,R\frac{+}{+}\,W\div.$$

Sp. nyst. ⇄, ceases on headbending to r., sooner increased on head bend. to l.
Moderate sized, but distinct swell. of thyr. gland. Enormeous and very tender infiltr. almost everywhere, esp. on crura. Crura measure — 20 ctm. above mall. — 38 ctm., femora — 10 ctm. above patella — 48 ctm.
Rp. Agurin ctgr 50 × 3. Reduc. salt.

29/10: Weight 68,5. $v\frac{5,00}{20,00}\,Li\frac{22}{16}$

5/11: Weight 68,0. $v\frac{10,00}{20,00}\,a_1M\frac{7}{7}\,a_1A\frac{25}{33}\,Li\frac{17}{15}\,Ls\frac{14000}{14000}$ Bloodpr. 150.

12/11: Sensation of a flap over both ears. Inconsiderable giddn. in the morning.

$$v\frac{20,00}{20,00}\,a_1M\frac{8}{6}\,a_1A\frac{30}{44}$$ Rp. Euphyllin ctgr 20 × 3.

19/11: $v\frac{20,00}{20,00}\,a_1M\frac{6}{6}\,a_1A\frac{30}{44}\,Li\frac{17}{15}\,Ls\frac{14000}{15000}$ Weight 68,0. Inconsiderable giddn. Sep. Euphyllin, reduc. salt. Rp. Pill thyreoidini 1 × 3.

26/11: Headache worse after beginn. on thyreoidin. It began 12 hours after first dose, is situated above the ears and in the temples.

$$a_1M\,\frac{7}{7}\,a_1A\,\frac{35}{45}\,Li\,\frac{15}{15}\,Ls\,\frac{13000}{12000}$$ Bloodpr. 145. Weight 68.

Sep. Thyreoidin.

2/12: Well. ÷ giddn. Bloodpr. 150.

27/12: Const. headache. Weight 65,5.

10/1-27: $v\,\frac{20{,}00}{20{,}00}\,a_1M\,\frac{8}{7}\,a_1A\,\frac{28}{47}\,Li\,\frac{17}{15}\,Ls\,\frac{14000}{14000}$ Bloodpr. 152.

Rp. Extra salt.

20/1: Weight 65,0. Is well, excepting for headaches in the morning. Does not perspire. Infiltr. less tender. Phlebectasies in face less pronounced.

18/2: Shortness of breath and palpit. better, still a little headache above eyes and root of nose and temples.
Pulse 100. Weight 63,5. Rp. Fergan.

11/3: Weight 63. Bloodpr. 135. Hemoglb. 77.

28/3: $v\,\frac{20{,}00}{20{,}00}\,a_1M\,\frac{4}{10}\,a_1A\,\frac{30}{40}\,Ls\,\frac{16000}{15000}$ Bloodpr. 145.

22/4: $a_1M\,\frac{8}{7}\,a_1A\,\frac{28}{47}\,Li\,\frac{17}{16}$

3 rot. $\frac{\rightarrow 24''}{\leftarrow 10''}$ 5 mins. after rot. indication of nyst. ⇝ (nyst. was not looked for before rot.). Amylnitr. ÷.

20/5: Bloodpr. 130. Weight 61,4. $v\,\frac{10{,}00}{12{,}00}\,a_1M\,\frac{7}{7}\,a_1A\,\frac{28}{42}\,Li\,\frac{16}{16}\,Ls\,\frac{15000}{14000}$

Feeble ⇄. Probably stenosis on r. side.

30/5: Less headache. Bloodpr. 155. Hemoglb. 84 %.

$$v\,\frac{20{,}00}{20{,}00}\,a_1M\,\frac{9}{8}\,a_1A\,\frac{20}{38}\,Li\,\frac{16}{16}\,Ls\,\frac{15000}{15000}$$

8/6: ÷ headache.

22/6: Headache again and slight unsteadiness. Ears stopped up. Bloodpr. 145.

$$v\,\frac{4{,}0}{4{,}0—20{,}00}\,a_1M\,\frac{8}{8}\,a_1A\,\frac{20}{26}\,Li\,\frac{20}{15}\,Ls\,\frac{13000}{13000}$$ Hemoglb. 88 %.

29/6: Hearing beginning to improve, ÷ giddn. Less headache.

$$v\,\frac{20{,}00}{20{,}00}\,a_1M\,\frac{8}{8}\,a_1A\,\frac{20}{34}\,Li\,\frac{15}{15}\,Ls\,\frac{15000}{16000}$$ Weight 60,6.

13/7: Nyst. $\overrightarrow{\rightleftarrows}\nearrow$? Feels well.

27/7: Bloodpr. 133. Hemoglb. 85,7.

Feeble sp. nyst. $\overrightarrow{\rightleftarrows}\nearrow$. Compress. of carotis and tragus, also compress. and aspir. in ext. meatus ÷. Sp. nyst. ceases during flush after amylnitr., but returns on fading.

5/8: Congest. disapp., perspires norm. again.
Feeble sp. nyst. $\overrightarrow{\rightleftarrows}$.

20/8: Has only headache in the morning now. Bloodpr. 140.

15/9: Has still morning headache. Weight 60 kilo.
Diuresis and intake measured during one year. In the beginning of the treatment diureses were spont. about 650 with an intake from 1000—1200 gr. Diuresis increased under treatment with diuretin and reduced salt diet to c. 1000—1200, the intake being unaltered, this has maintained itself well since. At same time weight much reduced.

No. 38. F. born 1879.

Mother died at 59 of tubercl.

Never discharge from ears, but thinks a polypus was removed from l. ear in 1911, since then hearing on that ear bad. Hearing on r. ear always bad, hears best when it is warm, has not otherwise noticed any fluctuat. in hearing, often feels a pressure on both ears, esp. on l. ÷ diplacusis.

Attacks of giddn. began summer 1925; since frequent. Hearing changes in relat. to attacks, which last from some min. to some hours. Feels well between attacks, except for pressure and heaviness in l. ear, also front. headache, worst in the morning, as is also the giddn. Pt. has had buzz. in ears before the giddn. began; no informat. obtainable as to relation to attacks.

Menses formerly regular; very irreg. since summer of 1926, for which excochl. uteri was performed 4/1-27 with good result. Often rheum. pains, esp. »lumbago»; hands always cold, otherwise not chilly. ÷ vasomot. rhinit. ÷ urticaria. ÷ asthma. No particular tendency to take cold. No gastro-intest. symptoms.
Adm. Mun. Hosp.'s Ear Dept. 23/7-25. Height 160. Bloodpr. 145. Hemoglb. 93. Aur. d.: Maximal retract. Aur. s.: Moderate retract.

$$v\,\frac{0{,}25}{1{,}00}\,V\,\frac{0{,}60}{6{,}00}\,a_1M\,(10)\,\frac{5}{8}\,a_1A\,(25)\,\frac{4}{8}\,Li\,\frac{36}{28}\,Ls\,\frac{12000}{13000}\;W\;=$$

Sitting posture: ÷ nyst. Back posture, r. and l. side posture ÷ nyst. 10 rot. $\frac{\rightarrow 20''}{\leftarrow 25''}$ Calor. $18°\,\frac{25''\ \overrightarrow{\rightleftarrows}\ +\ \text{reversal}}{30''\ \overleftarrow{\rightleftarrows}\ +\ \text{reversal}}$ Back posture: nyst. to l. L. side posture = back posture. R. side posture? Sitting posture $\overrightarrow{\rightleftarrows}$, also on forw. bend. Stands on one leg with great difficulty.
Lumb. punct.: Cells 0/3. W R ÷.

25/7: Violent buzz. esp. in l. ear. Violent headache.
Back posture, r. side posture nyst. to l. L. side posture ÷.
Rp. Inj. chl. pilocarp.

1/8: Very deaf and much noise in l. ear, since beginning on pilocarpin.
v $\frac{0,12}{0,18}$

4/8: v $\frac{0,10}{0,20}$ Ls $\frac{13000}{13000}$ After catheteriz.: v $\frac{0,25}{0,60}$

5/8: v $\frac{0,08}{0,75}$

7/8: v $\frac{0,20}{0,12}$ a_1M (10) $\frac{6}{6}$ a_1A (25) $\frac{5}{5}$ Ls $\frac{15000}{15000}$ R $\frac{\div}{\div}$ Discharged.

21/4-26: Well until 10 days ago when an attack of giddn. occured, another 4 days ago.
v $\frac{0,20}{0,30}$ a_1M (10) $\frac{4}{5}$ Li $\frac{>150}{80}$ Ls $\frac{20000}{13000}$ R ÷ ÷ nyst.

22/4: v $\frac{0,05}{0,10}$ a_1M (10) $\frac{4}{5}$ Li $\frac{>150}{90}$ Stenosis on l. side. 10 min. after catheteriz.:
v $\frac{0,05}{1,00}$ a_1M (10) $\frac{4}{5}$ Li $\frac{>150}{55}$

23/4: v $\frac{0,05}{0,30}$ a_1M (10) $\frac{6}{9}$ Li $\frac{>150}{55}$ Bilat. stenosis.

24/4: v $\frac{0,20}{1,00}$ a_1M (10) $\frac{4}{7}$ a_1A (25) $\frac{2}{2}$ Li $\frac{55}{38}$ Bad passage in both tubes.

27/4: v $\frac{0,10}{0,50}$ a_1M (10) $\frac{5}{7}$ a_1A (25) $\frac{5}{5}$ Li $\frac{90}{23}$ Still bilat. stenosis.

28/4: v $\frac{0,25}{1,00}$ a_1M (10) $\frac{6}{7}$ a_1A (25) $\frac{7}{6}$ Li $\frac{90}{24}$

30/4: v $\frac{0,20}{1,00}$ a_1M (10) $\frac{5}{5}$ a_1A (25) $\frac{7}{7}$ Li $\frac{24}{20}$

3/5: v $\frac{0,10}{0,40}$ a_1M (10) $\frac{5}{9\frac{1}{2}}$ a_1A (25) $\frac{6}{5}$ Li $\frac{>150}{22}$ L. sided stenosis.

4/5: v $\frac{0,10}{0,60}$ a_1M (10) $\frac{9}{10}$ a_1A (25) $\frac{6}{15}$ Li $\frac{24}{17*}$ (*declares to hear also unsounded tun. fork)

8/5: v $\frac{0,30}{1,50}$ Rp. Sol. sulf. atrop. 40 centigr.

½ hour later $\frac{0{,}25}{1{,}50}$ a_1M (10) $\frac{9}{11}$ a_1A (25) $\frac{10}{10}$ Ls $\frac{14000}{14000}$

11/5: $\frac{0{,}60}{1{,}50}$ a_1M (10) $\frac{7½}{10}$ a_1A (25) $\frac{15}{12}$ Ls $\frac{13000}{14000}$

19/5: $\frac{0{,}15}{0{,}30}$ a_1M (10) $\frac{7}{7}$ a_1A (25) $\frac{8}{10}$ Ls $\frac{14000}{14000}$

15/7: Bilat. stenosis.

19/7: $\frac{0{,}15}{0{,}45}$ V $\frac{1{,}50}{4{,}00}$ a_1M (10) $\frac{7}{7}$ a_1A (25) $\frac{7}{8}$ Ls $\frac{13000}{13000}$

4/8: $\frac{0{,}25}{0{,}45}$ V $\frac{1{,}50}{\quad}$ a_1M (10) $\frac{6}{6}$ a_1A (25) $\frac{14}{22}$ Ls $\frac{13920}{14748}$ Bloodpr. 115.

3/9: Const. stenosis. Feels tired. Rp. Reduced salt.

1/10: Great giddn. day before yesterday. ÷ sp. nyst.

$\frac{0{,}10}{1{,}00}$ a_1M $\frac{9}{12}$ a_1A $\frac{17}{46}$ Ls $\frac{13000}{14000}$

10/2-27: No attack for 6 months. Const. buzz. Bloodpr. 135. Hemoglb. 77. $\frac{0{,}40}{0{,}15}$

27/4: Bilat. buzz. Bloodpr. 133. Hemoglb. 80. Weight 68,5. Impass. bilat. stenosis.

$\frac{0{,}05}{0{,}10}$ a_1M $\frac{7}{10}$ a_1A $\frac{25}{42}$ Ls $\frac{12000}{13000}$

1/6: Feels well. ÷ stenosis. $\frac{0{,}30}{1{,}0—2{,}0}$

22/6: Severe attacks of giddn. last few days. Lassitude. Bilat. buzz.

$\frac{0{,}05}{0{,}25}$ a_1M $\frac{8}{8}$ a_1A $\frac{15}{25}$ Ls $\frac{12000}{13000}$ Li $\frac{90}{90}$ Hemoglb. 84,7. ÷ sp. nyst. Amylnitr. ÷.

29/6: Left sided stenosis.

13/7: Repeated attacks of giddn.; buzz. in both ears ÷ headache.

$\frac{0{,}10—0{,}25}{0{,}30—0{,}75}$ a_1M $\frac{8}{12}$ a_1A $\frac{15}{14½}$ Li $\frac{21*}{26*}$ (*given accurately).

Sp. nyst. ⇄. Compress. and aspir. in l. ext. meat. ÷. Compress. of tragus ÷.

No. 39. F. born 1894.

No informat. as to family. — Never discharge from ear or pains; considers that she was healthy up to 1917, when she became »queer in her head» after a confinement.

In 1918 pt. one day suddenly deaf on both ears; since then hearing much impaired; cannot say whether it fluctuates. Has a bilat. nonfluctuat. buzz. in ears. Frequent attacks of giddn. since 1919, often 2 or 3 times a-day. Attacks last a few minutes. Rotat. sensat. from r. to l.

Attacks accomp. by nausea and vomit., appear at all times of day and night.

6/8-24: $v\,\frac{aa}{aa}\,a_1M\ (10)\ \frac{0}{0}\,a_1A\ (25)\ \frac{8}{9}\,Li\,\frac{90}{90}\,Ls\,\frac{c.\ 5000}{10000}$

Adm. Mun. Hosp.'s Ear Dept. 13/8-24.

Aur. d. et s.: Membr. much retracted, very thickened, doubtless calcar. deposits posteriorly.

$$v\,\frac{0}{0}\,V\,\frac{0{,}20}{0{,}40}\,a_1M\ (10)\,\frac{0}{0}\,a_1A\ (25)\,\frac{5}{8}\,Li\,\frac{90}{90}\,Ls\,\frac{c.\ 5000}{10000}$$

Romberg +, without specially directed tendency to fall. ÷ sp. nyst. in the diff. postures.

10 rot. $\frac{\rightarrow 10''}{\leftarrow \text{a few beats}}$ Compress. and aspir. in ext. meatus, compression of carotis ÷.

Calor. (18°) $\frac{\text{3 mins. a few beats to l. ÷ revrsl. ÷ giddn.}}{40\,\overleftarrow{\subset} + \text{reversal}}$

Counterroll. 50° to r. 10°, to l. 6°. Rp. Inj. chl. pilocarp.

18/8: Ophthalmoscopy nat. Blepharoconjunctivitis chron.

19/8: Giddn. and buzz. less.

20/8: $v\,\frac{0{,}08}{0{,}15}$ (Bá). Giddn. ÷ sp. nyst. Hemoglb. 95 %.

21/8: $v\,\frac{0}{0}\,V\,\frac{0{,}20}{0{,}40}\,a_1M\ (10)\,\frac{0}{0}\,a_1A\ (25)\,\frac{8}{7}\,Li\,\frac{90}{85}\,Ls\,\frac{}{10000}$

Lumb. punct.: Pressure 230, cells 0/3.

30/8: $v\,\frac{0{,}20}{0{,}30}\,a_1M\ (10)\,\frac{0}{0}\,a_1A\ (25)\,\frac{5}{6}\,Li\,\frac{85}{90}\,Ls\,\frac{c.\ 5000}{11000}$

10 rot. $\frac{\rightarrow 10''}{\leftarrow \text{a few beats}}$ Calor. (18°) $\frac{2\ \text{mins.}\ \overrightarrow{\supset}\ \text{sluggish.}\ \div\ \text{reversal}}{\text{c. } 45''\,\overleftarrow{\subset} + \text{reversal}}$

3/9: Discharged.

17/6-26.

Since discharge from hosp. slight attacks of giddn., 2—3 times a day. Great lassitude, a great deal of headache, always bilat. buzz. Hearing unaltered bad. Observed her own case very little.

Menses regular. 4 normal births, last one 10 months ago, still nursing infant. A miscarriage 3 years ago. Hands and feet cold. Eats normal quantity of salt. At present time considerable consumpt. of fluid.

$$v\,\frac{0{,}05}{0{,}05}\,V\,\frac{0{,}20}{0{,}30}\,a_1M\,\frac{0}{0}\,a_1A\,\frac{0}{4}\,Li\,\frac{140}{90}\,Ls\,\frac{\div\ M}{10500}$$

$\div$ sp. nyst. Romberg: Fall backw.

Pt. is thin, looks ill. Hemoglb. 60. Rp. Liq. arsen. kalic.

21/2-28: Adm. Ear Dept. Height 158. Weight 167,5. Bloodpr. 110.

24/2: Salyrgan expm. No. 47. (Vol. I, pag. 61).

8/3: $v\,\frac{}{aa}\,V\,\frac{0{,}15}{2{,}00}\,a_1M\,\frac{0}{0}\,a_1A\,\frac{0}{13}\,Li\,\frac{>150}{150}\,Ls\,\frac{\div\ M}{11000}$ $\div$ sp. nyst. Weight 68, 0.

Discharged.

No. 40. M. born 1877.

Father healthy, mother died at 67 of angina pect.; 8 children. 3 died in infancy, the two of them of diphtheria.

Healthy as young. Since 1906 number of diff. compl.; has been absent from his work 37 times on account of illness under various diagn.: influenza, lumbago, angina, bronchitis, cold, enteritis, gastritis, nerv. compl., giddn., neurasthenia, eczema. Since 1911 sudden, short attacks of giddn. during which everything swims and he falls into perspir.; sensat. of numbness in arms and legs. In latter years also lassitude, failing memory, gets a queer feeling suddenly whilst walking, gets headache located in forehead. Is chilly and feet are cold. Copious consumpt. of fluids and salt. Very thirsty. Perspires easily. His principal complaint, when adm. to hosp. is giddn., which comes in attacks and forces him to catch hold. $\div$ unconsciousness.

Never ear discharge or pains. Considers his hearing all right, but has noticed he does not hear so well in cold weather. Sometimes a slight pricking feeling on r. ear. Never any buzz. $\div$ hyperaesthesia acust.

Adm. Mun. Hosp.'s Ear Dept. 22/7-27. Height 168. Weight 67,2.

Aur. d.: Membr. retracted. Aur. s.: Membr. relief-like and retracted. Pharynx diffusely congested.

$$v\,\frac{20{,}00}{20{,}00}\,a_1M\,\frac{15}{14}\,a_1A\,\frac{30}{22}\,Li\,\frac{15}{15}\,Ls\,\frac{17000}{18000}\,W = R\,\frac{+}{+}$$

$\div$ sp. nyst. in diff. headpostures. 6 rot. $\frac{\rightarrow 20}{\leftarrow 16}$ Amylnitr. $\div$. Bloodpr. 137.

Urine + sugar on adm.; later $\div$. Ophthalmoscopy $\div$.

23/7: $a_1M\,\frac{17}{16}\,a_1A\,\frac{39—42}{29}\,Li\,\frac{15?}{30}\,Ls\,\frac{15000}{15000}$

26/7: $\div$ sp. nyst. Amylnitr.: $\circlearrowright$ feeble but indubitable, simultan. giddy. $\div$ buzz. Compress. of tragus and carotis: $\div$.

5 rot. $\frac{\rightarrow 28''}{\leftarrow 22''}$ Calor. (18° 20 ccm) $\frac{=\text{ sp. nyst. } \div \text{ reversal}}{+\text{ nyst. } + \text{ reversal}}$

(Large quantities 18°) r. ear + reversal.

27/7: Hemoglb. 94,6. Bloodpr. 138.

Rp. Reduced salt and fluid. Gymnastics. Warm salt baths.

2/8: Feels better. ÷ pressure in forehead.

$$v\,\frac{20{,}00}{20{,}00}\,a_1M\,\frac{15\ \frac{1}{2}}{17}\,a_1A\,\frac{40}{30}\,Li\,\frac{15}{15}\,Ls\,\frac{17000}{18000}$$

7/8: ÷ headache ÷ giddn. Weight 65. Left sided stenosis.

9/8: Lumb. punct. Cells ⅓.

11/8: $v\,\frac{\text{hardly } 20{,}00}{\text{hardly } 20{,}00}\,a_1M\,\frac{15}{19}\,a_1A\,\frac{35}{28}\,Li\,\frac{15}{15}\,Ls\,\frac{16000}{16000}$ Discharged.

25/8: Feels perfectly well.

$$v\,\frac{\text{hardly } 20{,}00}{\text{hardly } 20{,}00}\,a_1M\,\frac{15}{16}\,a_1A\,\frac{42}{28}\,Li\,\frac{17}{17}\,Ls\,\frac{16000}{16000}$$

Diuresis and intake measured during stay in hosp., showed nothing abnormal.

Has not felt so well for the last 6 years. No lassitude, memory in order.

No. 41. F. born 1891.

Mother died when 65, was very deaf during latter years; otherwise no deafness in family.

Scrophulous when 2 years old; otherwise healthy whilst growing up. Menses since 12 years old, always rather irregl., often premenst. epistaxis. One normal birth 1922. ÷ miscarr. In 1918 span. sickness. After influenza diplopia for a time; but it soon disapp. At the same time reduced hearing on l. ear. Treated with catheteriz.; hearing improved a little, but has nevertheless been impaired since. Salpingitis d. in 1923.

In 1924 attacks of giddn.; also impaired hearing on both ears. Attacks begin with headache and buzz.; afterwards stone deaf. Attacks appear at intervals of 2—3 months, most often premenst. After some attacks diplopia of short duration.

Never any buzz. in between attacks. Hearing now const. impaired on l. ear, while she considers hearing normal on r. ear in between the attacks. Never had discharge from ears or pains. Sensat. of pressure in front of eyes and in almost her whole head.

Perspires but seldom. Small consumpt. of fluid and salt. Not chilly. ÷ asthma. ÷ vasomot. rhinit. ÷ rheumatism. No gastro-intest. sympt. Adm. Mun. Hosp.'s Ear Dept. 18/10-26. Height 147. Weight 55.

Aur. d.: Membr. much retracted, slightly thickened and without lustre. Manubr. relief-like project. Aur. s.: Membr. retracted, slightly thickened, without lustre.

$$v\,\frac{20{,}00}{aa}\,V\,\frac{Bá}{0{,}30}\,a_1M\,\frac{18?}{25—30?}\,a_1A\,\frac{46}{10—15}\,Li\,\frac{16}{>150}\,Ls\,\frac{18000}{\div\ M.}\,R\,\frac{+}{\div}$$

÷ sp. nyst. in diff. headposture. 10 rot. $\frac{\rightarrow 37''}{\leftarrow 29''}$

Calor. 18° $\frac{+\text{ nyst. } +\text{ reversal}}{+\text{ nyst. } +\text{ reversal}}$ ÷ infiltr.

20/10: Bloodpr. 110. As pt. states that she hears the unsounded tun. fork at Li and a_1M testing with whispering voice only reliable.
Complains of rheum. pains in l. side of occiput to-day.

22/10: Lumb. punct.: Pressure 150—200, cells 8/3, alb. 4—5, glob. 0.

23/10: Rp. Reduced salt.

25/10: Occipital headache. Vomit. once yesterday.

$$v\,\frac{Bá}{0}\,V\,\frac{\quad}{1{,}00}$$

2/11: Rp. Agurin ctgr 50 × 3.

11/11: Perspires after agurin. Tubal stenosis on l. side. Sep. Agurin.

12/11: Slight buzz. in l. ear. Giddn. on catheteriz. on l. side, and buzz. immed. afterw. $v\,\frac{\quad}{aa}$ 4 hours later buzz. less.

13/11: $v\,\frac{\quad}{0{,}05—0{,}10} \div$ buzz. Bloodpr. 95.

15/11: $v\,\frac{\quad}{aa}$; Bloodpr. 112. Discharged.

5/2-27: Buzz. in both ears. $v\,\frac{3{,}00}{\text{hardly aa}}$ Pressure in head. ÷ giddn. ÷ sp. nyst.

10/2: $v\,\frac{4{,}00}{\text{hardly aa}}$

5/7: Great buzz. in l. ear, not in r. Treated at present for salpingitis s.

$$v\,\frac{20{,}00}{0}\,V\,\frac{\quad}{\text{hardly } 1{,}00}$$ L. tuba free.

5 rot. $\frac{\rightarrow 15}{\leftarrow 17}$ Amylnitr. during finish of flush and during fading ↘; slightly giddy. No buzz. before, during or after amylnitr.

5/8: $v\,\frac{\text{hardly } 20{,}00}{\text{hardly aa}}$; *6/8* $v\,\frac{2{,}0—10{,}00}{0—aa}$ Feels tired.

12/8: $v\,\frac{10{,}0—20{,}00}{\text{hardly aa}}$. Hemoglb. 94,8

27/8: $v\,\frac{20{,}00}{\quad}$ Feels better than she has done for many years.

Diureses, measured during stay in hosp., varied somewhat, but were, on the whole, small as compared to intake.

No. 42. M. born 1855.

Pt. can hardly hear when shouted at; hears sounds but does not understand them. Father died of cancer. Formerly healthy. Mother died when 50 of tubercl. No. 5 of 5 children. A brother deaf since 50th year; father's sister deaf. Has always been healthy. Has been very deaf for the last 10 years; does not know quite when deafness commenced, but for last 10 years has had const. bilat. buzz. and frequent attacks of giddn. Attacks begin with a violent growling noise in the ears, soon after everything revolves and pt. vomits. Feels well as soon as attack is over; buzz. then decrease. Never discharge or pains in ears. Not chilly; ÷ rheumatism. ÷ vasomot. rhinit. ÷ asthma. No gastro-intest. sympt. Is said to suffer from angina pect.

Mun. Hosp.'s Ear Policl. 24/4-26. Height 158. Weight 56,2. Bloodpr. 120.
Aur. d.: Maximal retract. upw., on a level with proc. br., forming a pit of the size of a pinshead. Aur. s.: Maximal retract. Manubr. horiz.
Cav. nasi: very narrow, catheter passes with difficulty on both sides.
÷ sp. nyst. in diff. headpostures.

$$V\,\frac{aa}{aa}$$ Cannot hear tun. forks.

On catheteriz. l. sided impass. stenosis. After adrenalin and cocain distinct blowing sound.

After catheteriz. $V\,\frac{aa}{—}\,a_1M\ (10)\,\frac{0}{4}\,a_1A\ (25)\,\frac{0}{0}\,Ls\,\frac{\div M}{7500}\,Li\,\frac{>150}{>150}$

26/4: Very giddy and much buzz. yesterday. $V\,\frac{aa}{0{,}10}\,a_1M\ (10)\,\frac{0}{4}\,Ls\,\frac{\div M}{9000}$

Paracentesis on r. side.

27/4: $V\,\frac{aa}{0{,}10}\,a_1M\ (10)\,\frac{0}{3}\,a_1A\ (25)\,\frac{0}{0}\,Li\,\frac{90}{>150}\,Ls\,\frac{10000}{8000}$

Impass. left sided stenosis.

6/5: $V\,\frac{aa}{0{,}10}\,a_1M\ (10)\,\frac{0}{2}\,a_1A\ (25)\,\frac{2}{0}$

19/5: Attack of giddn. lasting one hour. Strong ↓. Much buzz. on l. ear.

After attack $V\,\frac{aa}{0{,}10}$; ÷ nyst.

9/8: $V\,\frac{0{,}05}{0{,}20}\,a_1M\ (10)\,\frac{3}{3}\,a_1A\ (25)\,\frac{0}{7}\,Li\,\frac{110}{55}\,Ls\,\frac{9000}{9000}$

10/9: $V\,\frac{0{,}05}{0{,}10}\,a_1M\,\frac{3}{3}$; *27/9* $V\,\frac{0{,}05}{0{,}10}\,a_1M\,\frac{2}{2}\,a_1A\,\frac{0}{0}$

29/6-27: No attack of giddn. last year. Still »noises» in his head.

$$V\,\frac{\text{hardly aa}}{0{,}10}\,a_1M\,\frac{0}{0}\,a_1A\,\frac{0}{11}\,Li\,\frac{>150}{140}\,Ls\,\frac{5500}{6000}$$

10 rot. $\frac{\rightarrow \text{ a few beats}}{\div \text{ nyst.}}$

19/8: Hemoglb. 109. Const. l. sided stenosis.
Calor. (ice water) l. ear: 30″ mostly rotat. nyst. to r. Forw. bend. feeble ↓↜. R. sideposture: ↜. L. side posture: ↼. Icewater in r. ear: 30″ ⇁ l. Forw. bend.: ↼. R. sideposture ⇁. L. side posture ⇁.

No. 43. F. born 1887.

Parents healthy. Only child. Always healthy excepting for attack of influenza with pneumonia in 1919.

Present trouble began in June 1926 with attack of giddn. accomp. by nausea and vomit. Pt. remembers nothing as to hearing or buzz. during first attacks. Later attacks always preceded by violent buzz. During attacks buzz. cease, a flap is felt to fall down over l. ear. At first attacks came about once a month and were premenstrual; for the last 6 months the attacks are quite irregl., coming day and night, but most frequently in the morning. During attacks, which are often apoplectiform, pt. gets hot in the face, her nose drips, and she has diarrhoea and vomits. Pt. is extremely depressed during periods of attacks; spirits othervise good. Often feels unsteady in between the attacks, mostly in the morning. Hearing in l. ear fluctuates very much, always better after attacks. Has not noticed fluctuat. in the course of 24 hours. Never discharge or pains in ears. During giddn. occipital and parietal headache, pressure on l. ear.

Feet always cold. Pricking sensat. in hands as soon as she puts them in cold water. ÷ asthma. ÷ urticaria. Never perspires. Normal consumpt. of fluids; eats a great deal of salt. ÷ rheumatism. + obstip. Tired.
Adm. Mun. Hosp's Ear Dept. 28/4-27. Height 159. Weight 66,2. Blood-pr. 120.

Aur. d.: Cupshaped retract. of middle degree. Aur. s.: Slight retraction. Pronounced relief-like project. manubr.

$$v\,\frac{20{,}00}{0{,}05}\;V\,\frac{\quad}{0{,}50}\;a_1M\,\frac{21}{1—2}\;a_1A\,\frac{46}{5—6^*}\;Li\,\frac{18}{50—55}\;Ls\,\frac{19000}{17000}$$ (* as increased buzzing)

Upright head posture: ÷ nyst. Headbend. to r.: ÷ nyst. Headbend. to l.: a few beats ⇁. 10 rot. $\frac{\rightarrow 25}{\leftarrow 25}$ Amylnitr. few beats ↓ ↘. Compress. of tragus and carotis, compress. and aspir. in ext. meatus: ÷.
Skin somewhat cyanotic on upper arm; very considerable infiltr. with intense tenderness. Similar infiltr. on crura.

29/4: ⇁ in back and side posture.

$$v\,\frac{20{,}00}{0{,}05}\;a_1M\,\frac{7—10}{8}\;a_1A\,\frac{55}{8}\;Li\,\frac{18}{36}\;Ls\,\frac{18000}{17000}$$

1/5: Pains last night in r. leg, shooting up to r. side of head.

5/5: $V\ \frac{}{0{,}20}\ a_1M\ \frac{9}{9}\curvearrowright\ a_1A\ \frac{51}{8}\ Li\ \frac{}{40}\ Ls\ \frac{18000}{17500}$

7/5: Sep. Euphyllin.

9/5: Bloodpr. 120. Hemoglb. 85. Buzz. less.

$v\ \frac{}{\text{hardly } 1{,}00}\ a_1M\ \frac{8}{5}\curvearrowright\ a_1A\ \frac{52}{17}\ Li\ \frac{15}{36}\ Ls\ \frac{18000}{17000}$

Rp. Mixt. salicyl. natr. gr. 15 × 4.

10/5: Buzz. worse in left ear. Warm and perspires fairly in arm pits.

11/5: $v\ \frac{}{0{,}10}$ sp. nyst. $\rightleftarrows$

12/5: $v\ \frac{}{0{,}05—0{,}10}\ a_1M\ \frac{5}{1}\ a_1A\ \frac{32}{12}\ Li\ \frac{23}{55}$ Nausea and slight vomit.

14/5: Considerable buzz. on l. ear, slight buzz. on r. Does not hear so well on this ear.

$v\ \frac{3{,}00}{0{,}10}\ a_iM\ \frac{4}{3}\ a_1A\ \frac{30—35}{3—7*}\ Li\ \frac{24}{90}\ Ls\ \frac{15000}{15000}$ (*cannot be heard for buzz.)

Sep. Salicyl.

17/5: Salyrgan expm. No. 7. (Vol. I, pag. 44).

19/5: $v\ \frac{20{,}00}{0{,}15—0{,}20}\ a_1M\ \frac{7}{5}\ a_1A\ \frac{57}{12}\ Li\ \frac{\times}{\times}\ Ls\ \frac{19000}{19000}$ (× Declares to hear unsounded tun. fork).

21/5: $v\ \frac{}{0{,}10—0{,}50}\ a_1M\ \frac{9}{6}\curvearrowright\ a_1A\ \frac{55}{9}\ Li\ \frac{19}{55}\ Ls\ \frac{19000}{18000}$

22/5: $v\ \frac{20{,}00}{0{,}15}\ a_1M\ \frac{10}{?}\curvearrowright\ a_1A\ \frac{48}{17}\ Li\ \frac{19}{55}\ Ls\ \frac{16000}{16000}$

24/5: $v\ \frac{}{0{,}10}\ a_1M\ \frac{11}{?}\curvearrowright\ a_1A\ \frac{55}{19}\ Li\ \frac{18}{38}\ Ls\ \frac{16000}{16000}$

28/5: $v\ \frac{20{,}00}{2{,}00}\ a_1M\ \frac{8}{6}\curvearrowright\ a_1A\ \frac{50}{27}\ Li\ \frac{19}{24}\ Ls\ \frac{19000}{18000}$

30/5: $v\ \frac{20{,}00}{10{,}0—20{,}00}\ a_1M\ \frac{11\frac{1}{2}}{11}\ a_1A\ \frac{61}{40}\ Li\ \frac{20}{24}\ Ls\ \frac{17000}{17000}$

31/5: $v\ \frac{20{,}00}{6{,}00}\ a_1M\ \frac{9}{7}\curvearrowright\ a_1A\ \frac{45}{30}\ Li\ \frac{20}{36}\ Ls\ \frac{17500}{17000}$ (Buzz. worse in l. ear.)

1/6: Temp. 39. Pharynx injected.

5/6: Salyrgan expm. No. 8. (Vol. I, pag. 45).

8/6: Hemoglb. 88 % $v\ \frac{20{,}00}{1{,}5—2{,}00}\ a_1M\ \frac{12}{?}\ a_1A\ \frac{44}{22}\ Li\ \frac{18}{26}\ Ls\ \frac{19000}{18000}$

9/6: Hemoglb. 87,4 % $v\frac{}{1,50}\ a_1M\frac{15}{?}\ a_1A\frac{51}{25}\ Li\frac{}{30}\ Ls\frac{17000}{18000}$

Rp. Diet with reduced salt.

10/6: Hemoglb. 88 % $v\ \frac{20,00}{0,30}\ a_1M\frac{9}{?}\ a_1A\frac{42}{18}\ Li\frac{22}{36}\ Ls\frac{17000}{17000}$

11/6: Hemoglb. 80,3 % $v\frac{20,00}{aa—0,30}\ a_1M\frac{16}{?}\ a_1A\frac{40}{17}\ Li\frac{18}{55}\ Ls\frac{17000}{17000}$

16/6: Hemoglb. 88 % $v\frac{20,00}{20,00}\ a_1M\frac{14}{?}\ a_1A\frac{60}{30}\ Li\frac{15}{20}\ Ls\frac{18000}{17500}$

Still a little »boiling» in l. ear at night and in the morning, but can be free from buzz. several hours at a time. ÷ sp. nyst. Amylnitr. ÷.

22/6: $v\frac{20,00}{12,00}\ a_1M\frac{9}{8}\ a_1A\frac{34}{22}\ Li\frac{20}{20}\ Ls\frac{17000}{17000}$

23/6: Discharged.

14/7: Pricking and burning sensat. in hands and feet, states that legs are swollen. Legs in reality not more swollen than formerly.

Rp. Massage of lower extrm.

4/8: Attack of giddn. yesterday on getting up, began as usual with a watery cold, followed by vomit. and diarrhoea. Buzz. worse beforeh., less during attack, which lasted 2 hrs. Pt. has not, this time, noticed any chang. of hearing.

÷ sp. nyst. Weight 62,71. $v\frac{20,00}{0,75}\ a_1M\frac{17}{7}\ a_1A\frac{40}{15}\ Li\frac{21}{90}\ Ls\frac{16000}{16000}$

11/8: Another attack 3 days ago. Weight 62.

$v\frac{}{0,5—0,75}\ a_1M\frac{15}{10}\ a_1A\frac{45}{12}\ Li\frac{20}{60}\ Ls\frac{17000}{17000}$ Impass. l. sided stenosis.

13/8: Feels much better in spite of being giddy. Passed considerably more urine in last 24 hours than usual with same intake of fluid (500 gr). Pricking sensat. in legs ceased at same time. No buzz. worth speaking of.

$v\frac{20,00}{10,00}\ a_1M\frac{8}{2}\ a_1A\frac{35}{25}\ Li\frac{18}{32}\ Ls\frac{19000}{16000}$

Stenosis on l. side, passable after adrenalin. Weight 62,0.

16/8: $v\frac{20,00}{10,0—12,0}\ a_1M\frac{10}{10}\ a_1A\frac{32}{37}\ Li\frac{22}{28}\ Ls\frac{18000}{16000}$

Hardly any buzz., const. l. sided stenosis.

Diureses, measured during stay in hosp., very varying.

No. 44. M. born 1861.

Has been slightly deaf since serving as conscript, had at that time a facial paresis, but can remember no particulars. Never ear discharge or pain.

Since 1921 tendency to giddn. when looking down. Has noticed right sided deafness in same periods, also buzz. and pulsation in both ears, mostly r.

Since 1923 has had severe attacks of giddn., during which pt. has now and then fallen; never unconscious. ÷ convuls. Has a strange feeling in his head during the attacks; the floor slips away under him. Attacks come at all times of the 24 hours, esp. on turning quickly to the left. Pressure above his eyes, no pressure on ears; now and then nausea. Buzz. in ears not very pronounced, are bilat. and do not vary with the attacks. Can give no informat. as to fluctuat. of hearing.

Very rheumatic. Influenza in 1918. Treated at Bispebj. Hosp. for colitis. Tendency to cold hands and feet. Norm. consumpt. of fluids and salt. + vasomot. rhinit.

Transf. from dept. VI where pt. has been from 19/10 to 25/10-25 with diagn. vertigo. Height 173. Weight 74,9.

Aur. s.: Normal. Aur. d.: Max. retract. Membr. thickened.

Romberg: Fall backw., direction distinctly chang. with headposture. Cannot stand on one leg. Cannot possibly walk with eyes closed. Sitting posture ↗ (→). R. and l. side posture unaltered. Forw. bend. ↙ ↓ ↘.

10 rot. $\frac{\rightarrow 70''}{\leftarrow 45''}$ Calor. (18°) $\frac{\text{(20 ccm) } 16'' \rightleftarrows + \text{ feeble reversal}}{\text{(60 ccm) feeble react. + feeble reversal}}$

$$v\frac{0{,}15}{---}\,a_1M\ (10)\ \frac{8}{8}\,a_1A\ (25)\ \frac{10}{12}\,Li\,\frac{25}{17}\,Ls\frac{11000}{14000}$$

26/10: Lumb. punct.: Pressure 200, cells 2/3, alb. 13, glob. 1? W R ÷.
Rp. Inj. chl. pilocarp.

27/10: Back posture ↘. Forw. bend.: ↙ ↓ ↘. R. side posture: ↶ ↓. L. side posture ↘ ⤳ ↘.

28/10: Giddn. increased after pilocarpin. Nyst. unaltered. Severe buzz. and headache.

9/11: Giddn. considerably less. ÷ buzz. ÷ headache.

$$v\frac{0{,}40}{---}\,a_1M\ (10)\ \frac{8}{8}\,a_1A\ (25)\ \frac{16}{16}\,Li\,\frac{24}{18}\,Ls\frac{12000}{13000}$$

Romberg ÷. Nyst. unaltered. Discharged.

3/12: Slight attacks of giddn. still. $v\frac{0{,}50—10{,}00}{20{,}00}\,Li\,\frac{18}{18}\,Ls\frac{12000}{14000}$

Romberg ÷.

1/6: Feels well. ÷ giddn. ÷ headache. ÷ buzz.

$$v\,\frac{0{,}15}{\text{——}}\,a_1M\ (10)\,\frac{4}{6}\,a_1A\ (25)\,\frac{15}{15}\,Li\,\frac{24}{24}\,Ls\,\frac{12500}{13000}$$ Stenosis on r. side.

Rp. Catheteriz.

13/4-27: A good deal of rheumatism in arms. Pressure on crown and dragging sensat. in both ears. Bilat. buzz. Bloodpr. 115. Hemoglb. 70 %; sp. nyst. ↘.

$$v\,\frac{0{,}30}{5{,}0—12{,}00}\,a_1M\,\frac{8}{10}\,a_1A\,\frac{30}{42}\,Li\,\frac{30}{23}\,Ls\,\frac{12500}{13000}$$ Impass. bilat. stenosis.

Rp. Ferr. reduct. ctgr 25 × 3.

3/6: $v\,\frac{0{,}30}{1{,}0—5{,}0}\,a_1M\,\frac{9}{9}\,a_1A\,\frac{20}{24}\,Li\,\frac{24}{24}\,Ls\,\frac{12000}{13000}$ ÷ nyst. Bilat. stenosis.

15/7: No giddn. last fortnight, inconsiderable buzz. esp. on r. ear.

$$v\,\frac{0{,}30}{20{,}00}\,a_1M\,\frac{7\frac{1}{2}}{8\frac{1}{2}}\,a_1A\,\frac{35}{48}\,Li\,\frac{28}{18}$$ Weight 74,8. Hemoglb. 95,7.

8/10: Has felt well for several months.

No. 45. F. born 1896.

Parents healthy. No. 6 of 6 children; 2 died in infancy. One brother operated on for otit. med.

Never had pain in ears or discharge. In 1923 passing deafness on r. ear, lasting 4 days.

Trouble began in 1924 when patient had attack of giddn. and vomit. with hardhearing and buzz. in r. ear. Has a feeling of ear being closed during attack and hearing becomes worse, knows nothing about fluctuat. of hearing in free periods. ÷ hyperaesthesia acust. + lassitude. Rheumatism in shoulder and head. ÷ paraesthesia. ÷ urticaria. ÷ eczema. ÷ asthma. ÷ vasomot. rhinit. No gastro-intest. sympt. Perspir. normal. Eats a great deal of salt, normal consumpt. of fluids. Small diureses, spont. increasing prior to menses, often decreasing afterw. Not chilly, does not like cold baths. Menses regl.

Adm. Mun. Hosp.'s Ear Dept. 5/1-24. Height 171.

Aur. d.: Membr. rather dull. Aur. s.: Membr. dull, slightly retracted. Manubr. relief-like project. ÷ sp. nyst. Compress. of carotis and tragus, compress. and aspir. in ext. meatus: ÷. Amylnitr. ÷.

10 rot. $\frac{\rightarrow 53''}{\leftarrow 48''}$ ÷ giddn. Romberg tottering. Cannot stand on one leg with eyes closed.

Calor. (18°) r. ear after 10″ ⤻, + reversal. On raising predominatingly ⤻.

7/1: $v\,\frac{8{,}00}{20{,}00}\,a_1M\ (10)\,\frac{6}{8}\,a_1A\ (25)\,\frac{7}{14}\,Li\,\frac{50}{20}\,Ls\,\frac{13140}{14748}\,R\,\frac{+}{+}$ W =

Counterroll. 50°, to l. 7°; to r. 1 ½°. $v\,\frac{4{,}00}{\text{——}}\,Ls\,\frac{14500}{\text{——}}$

Calor. (18°) l. ear 15″ as good as pure ↖, optimum position ←. Forw. bend. ↓.
Calor. (46°) l. ear: After 15″ as good as pure ↝, unaltered in optimum position, decreasing by headbend. to r. side and by forw. bend., appear. again on raising head.
Calor. (46°) r. ear: Preponderating ↖, unchanged in r. and l. side posture. Forw. bend. ⇄; raising ↖.
Calor. 18° r. ear: 22″ nyst. to l., which although certainly princpl. rot. is still more horiz. than by the 3 previous exam. The horiz. compon. is reinforced in optim. posit., but does not become absol. dominant, whereas headbend. to l. pure ↝. Forw. bend. as good as a pure ↖, which by degrees becomes violent; this continues a few sec. after rising when it is again → and esp. ↝.

9/1: Counterroll. 50° to r. 6°, to l. 7°. 60° to r. 6°, to l. 8 ½ $v\frac{3{,}00}{\quad}$

10/1: Feels well, no giddn. Const. buzz. in r. ear, also a little in l.
$v\frac{2{,}00}{\quad}$. After catheteriz. $v\frac{5{,}00}{\quad}$ Discharged.

11/1: Counterroll. 50° to r. 4°, to l. 7 ½°.

30/1: Pressure on r. ear disapp. Feels well. $v\frac{20{,}00}{20{,}00}\,Li\frac{24}{16}\,Ls\frac{17000}{17000}$

2/2: Buzz. again and stopping of r. ear. Impass. stenosis on this side.
$v\frac{20{,}00}{20{,}00}\,Li\frac{21}{16}\,Ls\frac{18000}{18000}$

18/2: Both ears suddenly stopped up 4 days ago. Const. pressure on r.
$v\frac{5{,}00}{20{,}00}\,a_1M\ (10)\frac{6}{7}\,a_1A\ (25)\frac{6}{11}\,Li\frac{36}{18}\,Ls\frac{15600}{16000}\,R\frac{\div}{+}$
÷ sp. nyst. in diff. head postures. ÷ fistula sympt.

20/2-24: Readm.
$v\frac{5{,}00}{20{,}00}\,a_1M\ (10)\frac{5}{7}\,a_1A\ (25)\frac{6}{11}\,Li\frac{36}{18}\,Ls\frac{15000}{16000}\,R\frac{+}{+}\ W =$
10 rot. $\frac{\rightarrow 24''}{\leftarrow 29''}$ Counterroll. 60°, to r. 7°; to l. 6°.
Calor. (18°) $\frac{18''\ \rightleftarrows \text{ forw. bend. } \downarrow \text{ later nyst. to r.}}{24''\ \leftleftarrows \text{ forw. bend. } \rightarrow}$
Counterroll. 60°, to r. 7°; to l. 12°.
Lumb. punct.: Cells 0/3, alb. 5, glob. 0. Rp. Inj. chl. pilocarp.

23/2: Feeble ⇇ unaltered in r. side posture, in l. side posture ←?

1/3: $v\frac{20,00}{20,00}\,a_1M\ (10)\frac{6}{8\frac{1}{2}}\,a_1A\ (25)\frac{14}{24}\,Li\frac{34}{16}\,Ls\frac{15624}{17000}$

10/3: $v\frac{6,00}{20,00}\,a_1M\ (10)\frac{7}{12}\,a_1A\ (25)\frac{7}{16}\,Li\frac{50}{16}\,Ls\frac{17536}{17536}\,R\frac{\div}{+}\,W =.$

Hemoglb. 100 %. Rp. Gran. Dioscoridis 2 pills × 3.

17/3: $v\frac{6,00}{——}\,a_1M\ (10)\frac{7}{12}\,a_1A\ (25)\frac{9}{12}\,Li\frac{50}{16}\,Ls\frac{17536}{17536}$ Discharged.

14/6: $v\frac{3,00}{——}\,a_1M\ (10)\frac{5}{—}\,a_1A\ (25)\frac{10}{—}\,Li\frac{50}{—}\,Ls\frac{17000}{——}$

30/9: No giddn. but still some buzz.

In country for 3 months, has felt perfectly well. After returning to town again buzz. in r. ear and giddn.

$v\frac{5,00}{20,00}\,a_1M\ (10)\frac{6}{—}\,a_1A\ (25)\frac{6}{—}\,Li\frac{60}{17}\,Ls\frac{13000}{16000}$

Back posture, r. side posture and l. side posture →.

18/11: Attack of giddn. again.

$v\frac{0,80}{——}\,a_1M\ (10)\frac{6}{8}\,a_1A\ (25)\frac{8}{11}\,Li\frac{32}{18}\,Ls\frac{15000}{17000}\ \div$ nyst.

20/11-25: Readm.

$v\frac{0,80}{——}\,a_1M\ (10)\frac{9}{12}\,a_1A\ (25)\frac{6}{27}\,Li\frac{45}{18}\,Ls\frac{15200}{16600}\,R\frac{\div}{+}\,W =$

6 rot. $\frac{\rightarrow 30''}{\leftarrow 32''}$

Compr.-aspir. in ext. meatus ÷. Rp. inj. chl. pilocarp.

21/11: $v\frac{4,00}{——}\,Li\frac{42}{—}\,Ls\frac{16500}{——}$

2/12: $v\frac{20,00}{——}\,a_1M\ (10)\frac{10}{—}\,a_1A\ (25)\frac{16}{—}\,Li\frac{34}{—}\,Ls\frac{16500}{——}$

Pt. states no result observed from catheteriz. before adm. to hosp., but first pilocarp. inj. had excell. effect, further increased by two follow. inj., whilst last 7 inj. produced no further improvm. ÷ giddn. Very slight buzz. in r. ear. Discharged.

6/5-26: $v\frac{20,00}{20,00}\,a_1M\ (10)\frac{7}{9}\,a_1A\ (25)\frac{7}{16}\,Li\frac{24}{17}\,Ls\frac{18000}{20000}$ R. sided stenosis.

14/6: Stenosis on r. side; bougie introduced.

Large, tender infiltr. on crura, femora and above deltoideus. Weight 64,5. Rp. Tabl. diuretini ctgr 50 × 3.

14/6: $v\frac{20,00}{20,00}\,a_1M\ (10)\frac{7\frac{1}{2}}{10}\,a_1A\ (25)\frac{15}{29}\,Li\frac{45}{15}\,Ls\frac{19000}{19000}$ Severe buzz.

21/6: $v\frac{3,00}{20,00}\ a_1M\ (10)\frac{9\frac{1}{2}}{9\frac{1}{2}}\ a_1A\ (25)\frac{14}{27}\ Li\frac{80}{15}\ Ls\frac{19000}{19000}$ R. sided stenosis.

1/7: $v\frac{3,00}{20,00}\ a_1M\ (10)\frac{7\frac{1}{2}}{9}\ a_1A\ (25)\frac{7}{24}\ Li\frac{90}{15}\ Ls\frac{18000}{18500}\ R\frac{\div}{+}$ Weight 62,5.

16/7: $v\frac{3,00}{---}\ a_1M\ (10)\frac{8\frac{1}{2}}{6}\ a_1A\ (25)\frac{8}{19}\ Li\frac{55}{15}\ Ls\frac{15500}{16500}$ Free pass. in tubæ.

19/7: $v\frac{4,00}{---}\ a_1M\ (10)\frac{9}{-}\ a_1A\ (25)\frac{10}{-}\ Li\frac{45}{-}$ Const. buzz.

30/7: $v\frac{13,0—20,00}{\qquad\qquad}\qquad Li\frac{38}{-}$ Less buzz.

23/8: Now buzz. in l. ear. $v\frac{20,00}{---}$

6/9: $v\frac{1,50}{---}\ a_1M\frac{13}{-}\ a_1A\frac{19}{-}\ Li\frac{45}{-}\ Ls\frac{18584}{16000}$ Buzz. Weight 63,5.

Rp. Reduced salt.

13/9: $v\frac{20,00}{20,00}$ Feels well. $\div$ buzz. Copious diur. for last week.

18/10: Feels well. $v\frac{20,00}{20,00}\ a_1M\frac{15}{16}\ a_1A\frac{43}{46}\ Li\frac{16}{16}\ Ls\frac{18000}{16000}\ \div$ buzz.

28/2-27: $v\frac{20,00}{20,00}\ a_1M\frac{12}{15}\ a_1A\frac{38}{55}\ Li\frac{34}{-}\ Ls\frac{19000}{19000}$ Inconsiderable r. sided buzz.

19/4: $v\frac{20,00}{20,00}\ a_1M\frac{14}{12}\ a_1A\frac{38}{60}\ Li\frac{36}{15}\ Ls\frac{19000}{19000}$ Weight 61,4.

1/9: $v\frac{20,00}{20,00}\ a_1M\frac{7}{16}\ a_1A\frac{30}{48}\ Li\frac{36}{15}\ Ls\frac{18000}{18000}$ Hemoglb. 87,2 %.

Has felt well for about 1 ½ year. No giddn. Inconsiderable buzz. now and again.

Diuresis and intake have been measured for about 2½ years. The sp. diur. small, about 600 to an intake of 930, favourably affected by diet with reduc. salt, by diuretin and by massage.

No. 46. M. born 1885.

Considers himself to have been healthy formerly excepting for two attacks of gonorrh. In 1923 operated on for hernia.

Spring of 1926 sensat. of both ears being closed, impaired hearing and buzz. Treated with catheteriz., which was effectual for a time. Never had discharge from ears or pain. Appendect. August 1926. First attack of giddn. 4 days after operat. since then several. During attacks, which

are quite short, feeling of falling backw. to the right, ÷ nausea, ÷ vomit. Since 1926, bilat. decrease of hearing, also buzz. and feeling of a flap over r. ear.

A great deal of headache in the mornings. Since operat. chilly; feet cold. ÷ vasomot. rhinit. ÷ rheumatism. ÷ asthma. ÷ urticaria. ÷ eczema. Normal consumpt. of water and salt. No gastro-intest. sympt.

Adm. Mun. Hosp.'s Ear Dept. 14/10-26. Height 168. Weight 77. Bloodpr. 120. Aures: Membr. retracted, whitish thickened, moderate inject. of mb. flacc. ÷ sp. nyst. in diff. headpostures. Compress. and aspir. in ext. meatus ÷.

10 rot. $\frac{\rightarrow 32''}{\leftarrow 30''}$ Calor. (18°) 20 ccm $\frac{22'' \rightleftarrows + \text{reversal}}{24'' \rightleftarrows + \text{reversal}}$

$$v\,\frac{3{,}00}{4{,}00}\,a_1M\,\frac{13}{15}\,a_1A\,\frac{45}{48}\,Li\,\frac{19}{21}\,Ls\,\frac{15000}{14000}$$

16/10: Const. headache; r. sided buzz. Giddn. ÷ sp. nyst.

$$v\,\frac{2{,}50}{2{,}00}\,a_1M\,\frac{8}{7}\,a_1A\,\frac{40}{42}\,Li\,\frac{20}{23}\,Ls\,\frac{12000}{13000}$$

18/10: $v\,\frac{4{,}00}{4{,}00}\,a_1M\,\frac{5\frac{1}{2}}{4}\,a_1A\,\frac{47}{45}\,Li\,\frac{20}{21}\,Ls\,\frac{13000}{13000}$ Rp. Reduced salt.

22/10: Trace of Babinski's reflex on l. foot.

23/10: Lumbal puncture: Pressure 350, cells 2/3, alb. 7—8, glob. 0. Back posture feeble ↘. Left side posture stronger ↘. R. side posture distinct slow phase upwards.

Exaggerate his complaints. Plantar reflex: Trace of dorsal flexion of the small toes.

24/10: Compl. of nausea and headache.
Back posture feeble ↘; l. side posture stronger ↘; r. side posture ÷.

25/10: Discharged against advice.

No. 47. M. born 1896.

Mother died at 56 of kidney compl. Father living and healthy. No. 6 of 7 children, one died of pneumonia.

Attacks of congestions since 1923; these attacks come quite unaccountably and pt. feels at same time unsteady; quite short attacks of giddn. without nausea or vomit. During same periods intermitt. pressure and buzz. in both ears; also impaired hearing. Has not noticed any relation of giddn. to impaired hearing.

January 1927 rhinopharyngitis and l. sided tubal stenosis. Nose stuffed up every morning, always on the side on which he has been lying. ÷ rheumatism. ÷ urticaria. ÷ eczema. ÷ paraesthesia. Perspires easily. Normal consumpt. of fluids and salt. ÷ lassitude. Never discharge from ears or pain. ÷ hyperaesthesia acust.

Mun. Hosp. Ear Policl. 13/6-27. Height 169. Weight 68,5. Bloodpr. 148. Aur. d.: Moderate retract., ant. and sup. parts of membr. dull, whitish. Aur. s.: Considerable cupshaped retract. Cav. nasi: Narrow pass. on r. side; hypertrophy of conchæ inff.

$$v\ \frac{3{,}00—10{,}00}{4{,}00—14{,}00}\ a_1M\ \frac{14}{14}\ a_1A\ \frac{35}{48}\ Li\ \frac{28}{22}\ Ls\ \frac{17000}{17000}$$ Hemoglb. 102,3.

29/6: ÷ sp. nyst. in the diff. headpostures.

3 rot. $\frac{\rightarrow 10'' \cdot 13''}{\leftarrow 19'' \cdot 12''}$ Compress. of carotis and tragus: ÷.

Calor. (20° 10 ccm) $\frac{15'' \rightleftarrows +\ \text{reversal}}{15'' \rightleftarrows \div\ \text{reversal}}$

Ice water 20 ccm l. ear ⇆. Forw. bend. ↓ ↘. Other 20 ccm ice water, forw. bend. ⤳.

5 rot. (forw. bend. 90°) $\frac{\rightsquigarrow 13''}{\leftsquigarrow 15''}$

$$v\ \frac{20{,}00}{20{,}00}\ a_1M\ \frac{17}{17}\ a_1A\ \frac{37}{52}\ Li\ \frac{32}{18}\ Ls\ \frac{19500}{18000}$$

15/7: $$v\ \frac{20{,}00}{20{,}00}\ a_1M\ \frac{14}{15}\ a_1A\ \frac{38}{38}\ Li\ \frac{23}{38}\ Ls\ \frac{14000}{14000}$$ Bloodpr. 110. Weight 66,4. Feeble ⇉↘. Pharynx: Acute catarh. Mucopus from rhinoph.

3/8: Pressure again on l. ear; no giddn. for last 3 months.

$$v\ \frac{20{,}00}{20{,}00}\ a_1M\ \frac{15}{19}\ a_1A\ \frac{38}{50}\ Li\ \frac{30}{20}\ Ls\ \frac{16000}{17000}$$ Bloodpr. 135.

Total l. sided stenosis.

17/8: Feels well. ÷ stenosis. Diureses normal.

No. 48. F. born 1867.

Both parents died of heart stroke. Only child.

Muscular rheumatism since 17, later on rheumatism several times, now in muscles, now in joints. ÷ febr. rheum. Dyspept. compl. for many years, + obstipation; in 1922 operated on for trouble in gallbladder and intest. adhes. »Bad nerves» for many years. Chilly. ÷ asthma. As a child often urticaria, always large consumpt. of fluids; normal consumpt. of salt. Does not perspire easily. Often congestions since menostasis. Never discharge from ears or pains.

Periods of impaired hearing since 1923, also fluctuat. buzz. in both ears, most in r. At same time short attacks of giddn., often feels unsteady.

Has not noticed any connect. between giddn. and the fluctuat. hearing. Air passage in nose always bad; sleeps with mouth open. Frontal headache. Tired. Treated with catheterization for tubal stenosis and with suctions for sinuitis. Often had massage; taken a lot of medicine for »bad nerves».

Mun. Hosp. Ear Policl. 3/5-26. Height 159. Weight 71. Bloodpr. 185. Aur. d.: Somewhat atrophic, no retraction, slight translucent redness. Aur. s.: Natural. Cav. nasi: Narrow pass. on both sides. Pharynx: Slight injection, swelling of posterior wall.

$$v\,\frac{0{,}10}{17{,}00}\,a_1M\,(10)\,\frac{8}{7\frac{1}{2}}\,a_1A\,(25)\,\frac{16}{15}\,Li\,\frac{32}{24}\,Ls\,\frac{15000}{15000}\,R\,\frac{+}{+}\,W =$$

Catheteriz.: Blowing sound on r. side, l. side normal.

½ hr. later: $v\,\frac{1{,}50}{20{,}00}\,a_1M\,(10)\,\frac{8}{7}\,a_1A\,(25)\,\frac{18}{16}\,Li\,\frac{24}{24}$

17/5: $v\,\frac{1{,}00}{\quad}$ After catheteriz. $v\,\frac{2{,}00}{\quad}$ Rp. Univers. massage.

31/5: Severe buzz. and headache on r. side.

$$v\,\frac{0{,}10}{\quad}\,a_1M\,(10)\,\frac{14}{11}\,a_1A\,(25)\,\frac{17}{20}\,Li\,\frac{30}{21}\,Ls\,\frac{9800}{15000} \div \text{stenosis.}$$

After catheteriz.: $v\,\frac{2{,}00}{\quad}$

16/6: Acut suppurat. on r. ear. Paracentesis.

13/7: $v\,\frac{2{,}00}{20{,}00}\,a_1M\,(10)\,\frac{8}{8}\,a_1A\,(25)\,\frac{15}{25}\,Li\,\frac{26}{26}\,Ls\,\frac{11000}{12000}$ Rp. Pill. thyreoid. 1 × 3

9/8: $v\,\frac{14{,}00}{20{,}00}\,a_1M\,(10)\,\frac{7}{6}\,a_1A\,(25)\,\frac{9}{12}\,Li\,\frac{24}{24} \div$ buzz. Weight 70. No stenosis.

6/9: Buzz. but slight. Cold in head. $a_1M\,\frac{9}{11}\,a_1A\,\frac{35}{42}\,Li\,\frac{24}{19}$

Rp. Reduced salt. Sep. Thyreoidin.

13/9: Bilat. stenosis.

21/9: $v\,\frac{14{,}00}{20{,}00}$ Feels well.

2/11: Has had cold in head. Giddy with congestions. $v\,\frac{6{,}00}{\quad}$ Sp. nyst. ⇄.

3/11: Feels better; trace of ⇄. $v\,\frac{20{,}00}{20{,}00}\,Li\,\frac{26}{18}$

26/11: ÷ sp. nyst. $v\,\frac{8{,}0\text{—}20{,}00}{20{,}00}\,Li\,\frac{24}{21}$ Weight 71. Bloodpr. 140.

4/2-27: $v\,\frac{20{,}00}{20{,}00}\,a_1M\,\frac{15}{15}\,a_1A\,\frac{40}{42}\,Li\,\frac{22}{19}\,Ls\,\frac{13000}{13000}$

5/3: $v\,\frac{16{,}00}{10{,}00\text{—}20{,}00}\,a_1M\,\frac{11}{10\frac{1}{2}}\,a_1A\,\frac{32}{47}\,Li\,\frac{24}{24}\,Ls\,\frac{14500}{14500}$ Severe r. sided buzz. ÷ stenosis. ÷ sp. nyst.

19/9: Headache and giddn. when pt. lies down.
Sp. nyst. ⇄. Weight 70,5. Hemoglb. 76.

No. 49. F. born 1867.

Father stout; died of cancer at 60. Mother died after confinement. No. 1 of 5 children of whom 3 are alive and well.

Diarrhoea altern. with obstip. from childhood. In 1913 phlebitis in l. leg. Has since had eczema on both crura. Five norm. births. Menostasis 25 years ago.

Since 1902 feeling of flap over both ears and fluctuating hearing; now and then difficulty in hearing in telephone. Slight buzz. in l. ear. From youth tendency to giddn.; attacks quite short; worse last 2 years. Feeling of »swinging» when she walks. Manages to reach support before attacks begin. No informat. as to relat. between hearing and attacks.

Very chilly. ÷ urticaria. ÷ vasomot. rhinit. ÷ asthma. ÷ paraesthesia. ÷ headache. For many years catheteriz. for bilat. stenosis. Adm. Mun. Hosp.'s Ear Dept. 2/8-27. Height 159. Weight 71,35. Bloodpr. 164. Hemoglb. 95,7.

Aur. d. et s.: Retract. esp. on l. ear.

Sp. nyst. ⇄ indep. of headpostures.

$$v\,\frac{2{,}00}{2{,}00}\,a_1M\,\frac{6}{8}\,a_1A\,\frac{10}{40}\,Li\,\frac{22}{28}\,Ls\,\frac{10000}{9000}$$

Stet. cord.: Heart covered by the lung.

Large, tender infiltr. on upper part of body and abdomen; infiltr. on crura. Slight eczema and pigmentations after ulc. cruris, varices.

Rp. Univers. massage.

9/8: $v\,\frac{*>2{,}00}{*>2{,}00}\,a_1M\,\frac{8\,NB}{11}\,a_1A\,\frac{24}{35}\,Li\,\frac{22}{20}\,Ls\,\frac{8000}{13000}$ (* pt. is in bed. NB. gives a_1M as vibration).

15/8: $v\,\frac{6{,}00}{10{,}00}\,a_1M\,\frac{0}{0}\,a_1A\,\frac{16}{30}\,Li\,\frac{24}{24}\,Ls\,\frac{9000}{11000}$

30/8: $v\,\frac{20{,}00}{20{,}00}\,a_1M\,\frac{8}{8}\,a_1A\,\frac{31}{24}\,Li\,\frac{26}{22}\,Ls\,\frac{11000}{13000}$ ÷ sp. nyst. Weight 69,0.

Discharged.

No. 50. M. born 1878.

Mother healthy. Father unknown. Deafness on mother's side, generally beginning at the age of 50. Mother's sister asthma, deaf.

Diphtheria when 14. Stammered since childhood. Swollen glands as a child.

Deafness on r. ear in 1917; also buzz. now and then. Frontal headache lasting from 2—12 hours at same time, never very violent. Besides this

dyspept. sympt.: nausea, altern. obstip. and diarrhoea. After this state of affairs had lasted a year, pt. got a severe attack of giddn., and was adm. to the Mun. Hosp.'s Dept. III (med.) 8/2-18. From casebook here: Ophthalmoscopy norm.; r. pupil > l. reacting to light and converg. Indication of Babinski's reflex on both sides. Urine: Traces of albumen found one single day.
Ear Policl. 10/2.
Aures: Membr. retracted. Sp. nyst. $\overleftarrow{\leftarrow}$.
Adm. Ear Dept. 12/2-18.

$$v\,\frac{aa}{17{,}00}\,a_1M\,(?)\,\frac{12}{12}\,a_1A\,(?)\,\frac{12}{35}\,Ls\frac{20000}{23000}\ \text{(Galton) R}\ \frac{\div}{+}\ \div\ \text{sp. nyst.}$$

$$10\ \text{rot.}\ \frac{\rightarrow 17''}{\leftarrow 22''\text{—}25''}\ \text{Calor. } 18°\ \frac{35''\ \overrightarrow{\leftarrow}\ +\ \text{reversal}}{34''\ \overleftarrow{\leftarrow}\ +\ \text{reversal}}$$

13/2: Buzz. on r. side.

15/2: Bloodpr. 110. ÷ sp. nyst. 10 rot. $\frac{\rightarrow 22''}{\leftarrow 43''}$ Calor. (doublesided syring. 18°) 25″ ←; (48°) 20″ ←.

16/2: Hemoglb. 100. Discharged.

18/5-27.

Has had a number of attacks since discharge from hosp., but not for last 18 months, during which pt. has been out of work and has therefore had plenty of fresh air and exercise, instead of tailoring as usual; states of own accord, that the change in his way of living has been the cause of improvement. Neither headache during this period. Hearing variable, best directly after attack, no fluctuation in the 24 hours. Buzz. vary. ÷ dysacusis. Some flying rheumatism in occiput, loins and feet, worst in damp weather. Tendency to cold feet; has a dislike to cold baths. Often gets congestions. ÷ urticaria. ÷ eczema. During bad periods often paraesthesies in r. foot; at same time lassitude and impaired memory. Unsteady in the mornings, wakes with headache. Easily catches cold; no typical vasomot. rhinit. No gastro-intest. symptoms; considerable consumpt. of fluids and salt. Perspires easily.
Height 174. Weight 79. Bloodpr. 115. Hemoglb. 103,5.
Aures: Pronounced retract., mostly on r. ear.

$$v\,\frac{0{,}10}{\text{hardly } 20{,}00}\,a_1M\,\frac{9}{8}\,a_1A\,\frac{13}{45}\,Li\,\frac{24}{21}\,Ls\frac{13000}{14000}\ \div\ \text{sp. nyst. } 10\ \text{rot.}\ \frac{\rightarrow 25''}{\leftarrow 26''}$$

3/9: Presents himself again on account of headache and unsteadiness, which began after pt. has had sedentary occupation for last 4 months; memory again impaired.

$$v\,\frac{0{,}10}{\text{hardly } 20{,}00}\,a_1M\,\frac{9}{8}\,a_1A\,\frac{13}{45}\,Li\,\frac{24}{21}\,Ls\frac{13000}{14000}$$

Sp. nyst. →, reinforced by amylnitr. No buzz. before, during or after this experim. Compress. of carotis and tragus, compr. and aspir. in ext. meatus ÷. Tubæ free.

10/9: Sp. nyst. →. v $\frac{0{,}10}{20{,}00}$ a_1M $\frac{10}{11\frac{1}{2}}$ a_1A $\frac{18}{47}$ Li $\frac{22}{21}$ Ls $\frac{14000}{15000}$

No. 51. M. born 1883.

Parents healthy. No. 3 of 10 healthy children.

Never had discharge from ears or pain. Since 1907 period. bilat. buzz. in ears and deafness, with simult. attacks of giddn. At first buzz. and deafness disapp. each time pt. was treated with catheteriz. Pilocarpin cure in 1921, after which hearing satisfactory for a time.

Attacks of giddn. last only a few min. Fallen down a couple of times. Some headache in bad periods, pressure on both ears, »tenderness in jaw joints»; great deal of buzz. worst in the mornings, as is also his hearing; feels unsteady at such times. Feels best further on in the day. Right side of nose stopped up with watery discharge, esp. in the morning. Tired and unsteady in bad periods. ÷ dysacusis. ÷ paraesthesia. ÷ urticaria. ÷ eczema. ÷ gastro-intest. sympt. Perspires with difficulty. Normal consumpt. of fluids and salt. ÷ rheumatism. Not chilly.

Mun. Hosp. Ear Policl. 21/3-24. v $\frac{0{,}10}{aa}$ Ls $\frac{11048}{13140}$ 24/4 v $\frac{0{,}40}{aa}$

Adm. Ear Dept. 23/5-24.

Aures: Membr. retracted, atrophic esp. in ant. part, art. inc.-stap. projecting; plica mallei post. projecting.

v $\frac{0{,}30}{aa}$ a_1M (10) $\frac{6}{5}$ a_1A (25) $\frac{9}{0}$ Li $\frac{40}{> 150}$ Ls $\frac{14000}{11000}$ W ↑ R $\frac{+}{—}$ ÷ sp. nyst.

in diff. headpost. Compress. and aspir. in ext. meatus, of tragus and carotis: ÷.

10 rot. $\frac{\rightarrow 3''}{\leftarrow 7''}$ Calor. 18° $\frac{18'' \rightleftarrows + \text{reversal}}{50'' \rightleftarrows + \text{reversal}}$ Counterroll. 50°, to r. 3°, to l. 4°.

Rp. Inj. chl. pilocarp. Catheteriz.

24/5: Lumb. punct.: Cells ⅓, alb. 13, glob. 0.

30/5: 10 rot. $\frac{\rightarrow 6''}{\leftarrow 12''}$ Calor. (18°) $\frac{16'' \rightleftarrows \text{forw. bend} \rightleftarrows}{35'' \rightleftarrows \text{forw. bend} \rightleftarrows}$

Calor. (48°) $\frac{20'' \rightleftarrows + \text{reversal}}{50'' \rightleftarrows \text{forw. bend.} \rightleftarrows \searrow}$

3/6: v $\frac{0{,}30}{aa}$ a_1M (10) $\frac{6}{5}$ a_1A (25) $\frac{11}{0}$ Li $\frac{40}{e}$ Ls $\frac{13000}{11000}$ W =

4/6: 10 rot. $\frac{\rightarrow 5''}{\leftarrow 10''}$ Discharged.

30/6: $v\ \frac{0,30}{aa}\ a_1M\ (10)\ \frac{5}{5}\ a_1A\ (25)\ \frac{10}{0}\ Li\ \frac{32}{e}\ Ls\ \frac{13000}{14000}$

19/5-26: Well for 18 months, no buzz., pressure nor giddn. During a cold for last 2 months, buzz. in l. ear, impaired hearing and unsteadiness.

$v\ \frac{0,30}{0}\ V\ \frac{}{aa}\ a_1M\ (10)\ \frac{7}{0}\ a_1A\ (25)\ \frac{13}{0}\ Li\ \frac{45}{>150}\ Ls\ \frac{8500}{12500}$ L. sided stenosis.

13/7: During last few days again sensat. of ear being closed; unsteady. Bilat. stenosis.

20/7: $v\ \frac{0,20}{0}\ V\ \frac{14,00}{0,15}\ a_1M\ (10)\ \frac{5}{2\ vbr.}\ a_1A\ (25)\ \frac{5}{0}$

Readm. 26/7-1926. Height 175. Weight 71. ÷ sp. nyst. ÷ stenosis. ÷ infiltr.

$v\ \frac{0,15}{}\ V\ \frac{20,00}{0,10}\ a_1M\ (10)\ \frac{6}{4\ vbr.}\ a_1A\ (25)\ \frac{9}{0}\ Li\ \frac{38}{>150}\ Ls\ \frac{8376}{12400}$ ÷ sp. nyst.

31/7: $v\ \frac{0,15}{0}\ V\ \frac{}{aa}\ a_1M\ (10)\ \frac{4}{vbr.}\ a_1A\ (25)\ \frac{5}{0}\ Li\ \frac{65}{>150}\ Ls\ \frac{8768}{12400}$

2/8: $v\ \frac{0,40}{0}\ V\ \frac{}{aa}\ a_1M\ (10)\ \frac{6}{3}\ a_1A\ (25)\ \frac{9}{0}\ Li\ \frac{38}{>150}\ Ls\ \frac{8376}{12400}$

Rp. Incandescent light bath.

6/8: $v\ \frac{0,30}{aa}\ a_1M\ (10)\ \frac{7}{3\ ½}\ a_1A\ (25)\ \frac{7}{0}\ Li\ \frac{38}{>150}\ Ls\ \frac{8500}{10000}$ Rp. Reduced salt.

9/8: $v\ \frac{0,40}{0,05—0,10}\ a_1M\ (10)\ \frac{8}{3}\ a_1A\ (25)\ \frac{8}{0}\ Li\ \frac{24}{90}\ Ls\ \frac{9000}{12500}$ (exam. directly after incandescent light).

$v\ \frac{0,40}{0,05}\ a_1M\ (10)\ \frac{7}{3}\ a_1A\ (25)\ \frac{10}{0}\ Li\ \frac{18}{70—80}$ (6 hrs. after).

10/8: Rp. Gymnastics.

18/8: $v\ \frac{0,30}{aa}\ V\ \frac{}{0,10}\ a_1M\ (15)\ \frac{12}{8}\ a_1A\ (60)\ \frac{25}{0}\ Li\ \frac{17}{80}$ ÷ giddiness, l. sided buzz.

23/8: $v\ \frac{0,40}{<aa}\ V\ \frac{}{0,05}\ a_1M\ (15)\ \frac{10}{9}\ a_1A\ (60)\ \frac{20}{1—3}\ Li\ \frac{}{110}$ Bilateral buzzing.

24/8: $v\ \frac{0,50—0,75}{<aa}\ V\ \frac{}{0,10}\ a_1M\ (15)\ \frac{10}{6}\ a_1A\ (60)\ \frac{23}{6}\ Li\ \frac{15}{90}\ Ls\ \frac{11704}{14748}$

Calor. (Icewater) l. ear: Very tardy reaction. ÷ reversal. Rot. $\frac{?}{\leftarrow 12}$

Discharged.

31/8: $v\ \frac{0,75}{0,05}\ V\ \frac{}{0,25}\ a_1M\ \frac{11}{6}\ a_1A\ \frac{33}{3}\ Li\ \frac{15}{90}$ Feels well. Inconsiderable l. sided buzz.

Rp. Thyreoidin 1 pill. daily.

22/9: v $\frac{2,00}{aa}$ V $\frac{}{0,15}$ a_1M $\frac{11}{6}$ a_1A $\frac{33}{6}$ Li $\frac{18}{>150}$ Has not been so well for years.

29/9: v $\frac{2,50}{0,05}$ V $\frac{}{0,25}$ a_1M $\frac{10}{6}$ a_1A $\frac{30}{6}$ Li $\frac{18}{150}$

14/10: v $\frac{3,00}{0,05}$ V $\frac{}{0,20}$ a_1M $\frac{13}{6}$ a_1A $\frac{37}{6}$ Li $\frac{15}{150}$ Slight buzz.

21/10: v $\frac{1,50}{0,05}$ a_1M $\frac{11}{5}$ a_1A $\frac{39}{5}$ Li $\frac{15}{>150}$ Rp. Incandescent light bath.

8/12: v $\frac{1,50}{aa}$ a_1M $\frac{13}{9}$ a_1A $\frac{44}{6}$ Li $\frac{15}{>150}$ Ls $\frac{12400}{12400}$ R $\frac{+}{\div}$ Well. Sep. Reduced salt.

21/12: v $\frac{2,00}{0,05}$ a_1M $\frac{12}{9}$ a_1A $\frac{40}{4}$ Li $\frac{21}{>150}$ Ls $\frac{9000}{11000}$

5/1-27: v $\frac{1,50}{aa}$ a_1M $\frac{13}{6}$ a_1A $\frac{40}{7}$ Li $\frac{20}{>150}$ Ls $\frac{9000}{13000}$ Rp. Tabl. Kalzan 1 × 3.

25/1: Const. pressure on ears and buzz. Sep. Kalzan.

31/1: v $\frac{1,00}{0,05}$ a_1M $\frac{11}{5}$ a_1A $\frac{36}{0}$ Li $\frac{21}{>150}$ Ls $\frac{11000}{13000}$ Blodpr. 110.

Cont. Euphyllin ctgr 10 × 3.

17/2: v $\frac{0,75}{aa}$ a_1M $\frac{13}{7}$ a_1A $\frac{38}{0}$ Li $\frac{19}{>150}$ Ls $\frac{9000}{13000}$ Pressure less.

Sep. Euphyllin.

28/3: v $\frac{0,75}{aa}$ a_1M $\frac{12}{7}$ a_1A $\frac{36}{0}$ Li $\frac{15}{>150}$ Ls $\frac{8500}{13000}$

23/4: v $\frac{0,75}{aa}$ a_1M $\frac{13}{6}$ a_1A $\frac{38}{0}$ Li $\frac{15}{>150}$ Ls $\frac{8500}{13000}$ Feels well. Buzz. less.

19/5: v $\frac{0,50}{aa}$ a_1M $\frac{12}{6}$ a_1A $\frac{29}{7}$ Li $\frac{30}{90}$ Ls $\frac{9000}{14000}$ V, $\frac{20,00}{0,30}$

Weight 72,2. Bloodpr. 90. Hemoglb. 102. Feels well, only constant fluctuating, bilat. buzz.

16/6: v $\frac{0,75}{0}$ a_1M $\frac{16}{4}$ a_1A $\frac{28}{0}$ Li $\frac{24}{>150}$ Ls $\frac{8500}{15000}$ V $\frac{}{0,10}$ Severe buzz.

Weight 73,5.

28/6: v $\frac{0,40}{0}$ a_1M $\frac{2}{2}$ a_1A $\frac{12}{0}$ Li $\frac{60}{>150}$ Ls $\frac{11000}{14000}$ V $\frac{}{0,10}$ Violent buzz., a great deal of headache and tenderness around both jaw joints.

Hemoglb. 94,6. Bloodpr. 105.

Amylnitr. ÷. Buzz. increase during flush but decrease again on fading. Compress. and aspir. in ext. meatus, compr. of carotis and tragus ÷.

30/6: Const. severe buzz. and malaise.

$$v\ \frac{0,10}{0}\ V\ \frac{}{0,10}\ a_1M\ \frac{5}{0}\ a_1A\ \frac{15}{0}\ Li\ \frac{32}{100}\ Ls\ \frac{8000}{14000}$$ Rp. Thirst cure.

2/7: Headache, tenderness in jaw joints, buzz. No thirst; diureses small.

$$v\ \frac{0,10}{0}\ V\ \frac{}{<aa}\ a_1M\ \frac{5}{0}\ a_1A\ \frac{7}{0}\ Li\ \frac{36}{150}\ Ls\ \frac{11000}{14000}$$ Weight 74,2.

Rp. Tabl. euphyllini ctgr 20 × 3.

4/7: Feels better, less unsteady, less buzz., diuresis copious (1 ltr to 575 gram fluid intake).

$$v\ \frac{0,30}{0}\ V\ \frac{}{0,10}\ a_1M\ \frac{2}{3}\ a_1A\ \frac{24}{6}\ Li\ \frac{30}{100}\ Ls\ \frac{11000}{14000}$$

6/7: $v\ \frac{0,30—1,00}{}\ V\ \frac{}{0,10}\ a_1M\ \frac{13}{2}\ a_1A\ \frac{24}{0}\ Li\ \frac{36}{140}\ Ls\ \frac{11000}{14000}$ Less buzz. Diuresis > fluid intake.

8/7: Weight 73,7. Diuresis 500. Intake 775.

$$v\ \frac{0,50}{0}\ a_1M\ \frac{8}{2}\ a_1A\ \frac{26}{4}\ Li\ \frac{30}{100}\ V\ \frac{}{0,10}$$ Sep. Euphyllin.

11/7: $v\ \frac{0,75}{}\ a_1M\ \frac{6}{1—2}\ a_1A\ \frac{22}{5}\ Li\ \frac{40}{>150}\ V\ \frac{}{0,15}$

1/8: Cav. nasi: Hyperplasia of r. concha inf. and media. ÷ buzz.; feels well.

$$v\ \frac{0,50—0,80}{<aa}$$

4/8: $v\ \frac{0,75}{0}\ a_1M\ \frac{13}{1}\ a_1A\ \frac{31}{1—2}\ Li\ \frac{24}{90}\ Ls\ \frac{9000}{14000}$

25/8: $v\ \frac{0,50}{0}\ a_1M\ \frac{14}{5}\ a_1A\ \frac{30}{0}\ Li\ \frac{32}{>150}\ Ls\ \frac{8000}{14000}$

States that catheteriz. always has a good effect.

Diureses, measured during stay in hosp., were, when spont. only small, about 870 gram to 1450 gram fluid intake.

No. 52. M. born 1866.

Father died at 66 of pneumonia. — Had influenza and pleuritis in 1897. Influenza again 1918. Treated for »glands» on r. ear when 10 or 12 years old. No ear trouble afterw. Abusus spir. formerly. Increasing deafness on r. ear since 1920.

First attack of giddn. on Xmas Day 1921; many since then, of various intensity and duration. Attacks as a rule accomp. by nausea and vomit. Fairly well in the intervals, is however unsteady. Buzz. in r. ear since 1922, not aggrav. during attacks, which frequently appear in the mornings and at night. Hearing worst in the morning; feels altogether worst in the mor-

ning. At such times very tired, even after sleeping for 10 hours. At time, when deafness commenced, very chilly, could not get warm in bed; chilliness less pronounced at present.

Aur. d.: Slight retract. Aur. s.: Normal.

$$v\,\frac{0{,}08}{18{,}00}\,V\,\frac{0{,}20}{--}\,a_1M\ (10)\,\frac{3}{8}\,a_1A\ (25)\,\frac{10}{20}\,Li\,\frac{55}{22}\,Ls\,\frac{9292}{13920}\,R\,\frac{+}{+}\,W\downarrow\ \div sp.$$

nyst. in diff. postures.

10 rot. $\frac{\rightarrow 12''}{\leftarrow 10''}$ Calor. (18°) $\frac{75'' \rightarrow \text{very feeble}}{15'' \curvearrowleft}$ Rp. Inj. chl. pilocarp.

15/5: $v\,\frac{0{,}08}{18{,}00}$ Discharged.

2/7: Woke up a fortnight ago feeling as if paralysed on l. side, could not stand on his legs; less power in l. hand; paralysis disapp. quickly.

Ophthalmoscopy norm. Neurol. exam. ÷.

4/7: Distinct l. sided Babinski. Does not use his left hand nearly as much as his right.

Adm. Mun. Hosp. Dept. VI from which pt. was discharged 7/10 for recreation under diagnosis: Arterioscl. cerebri. Hæmorrh. cerebri antea. Neurolabyr.

20/3-24: Const. giddy. Hearing unaltered.
Romberg: Fall backw. Walking with eyes closed: Deviation to r.
Back posture ↻. R. and l. side posture, forw. bend. ÷.

10 rot. $\frac{\rightarrow 17''}{\leftarrow 17''}$ Calor. (18°) $\frac{30'' \curvearrowright \text{feeble}}{}$ Counterroll. (r. eye) 50°, to r. 10°; to l. 10,5°.

$$v\,\frac{0}{20{,}00}\,V\,\frac{aa}{--}\,a_1M\ (10)\,\frac{1}{6}\,a_1A\ (25)\,\frac{8}{10}\,Li\,\frac{32}{16}\,Ls\,\frac{11048}{13140}$$

24/4: Numerous attacks. Surroundings revolve from l. to r. + nausea, + sensat. of cold. Pressure in crown and occiput.
Readm. 27/4-24.

÷ sp. nyst. 10 rot. $\frac{\rightarrow 17''}{\leftarrow 18''}$ Calor. (18°) $\frac{16'' \curvearrowright + \text{reversal}}{15'' \curvearrowleft + \text{reversal}}$

Compress. of carotis and tragus, compr. and aspir. in ext. meatus ÷.

$$v\,\frac{aa}{18{,}00}\,a_1M\ (10)\,\frac{7}{10}\,a_1A\ (25)\,\frac{7}{20}\,Li\,\frac{38}{24}\,Ls\,\frac{11000}{13000}$$

29/4: »Queer feelings» in r. arm, esp. when he touches anything woollen. Rp. Inj. chl. pilocarp.

1/5: Lumb. punct.: Cells 4/3 (monocytes), 1334/3 red corpuscles, alb. 8, glob. 0.

10/5: Great perspiration after pilocarpin. Feels much better. Buzz. unaltered. Pressure on both sides of occiput and about r. ear. Hearing worse.

$$v\,\frac{aa}{3{,}00}\,a_1M\ (10)\,\frac{8}{10}\,a_1A\ (25)\,\frac{14}{22}\,Li\,\frac{26}{17}\,Ls\,\frac{11500}{12000}$$

Romberg ÷. Backposture: ↓ ↘. R. side posture = back posture. L. side posture? Forw. bend.: ÷ nyst. 10 rot. $\frac{\rightarrow 17''}{\leftarrow 17''—23''}$ Calor. (21°) $\frac{50''\ \curvearrowright \div \text{reversal}}{18''\ \curvearrowleft + \text{reversal}}$ Discharged.

18/8: Condition unchanged. Backposture: $\overset{\searrow}{\rightarrow}\ \downarrow$. R. side posture $\overset{\searrow}{\rightarrow}$. L. side posture ⇝→. Upright posture ↷. Forw. bend. →. Romberg ÷.

6/10: $v\,\frac{aa}{3{,}00}\,Li\,\frac{90}{17}\,Ls\,\frac{10000}{12000}$

14/10: Readm. Continual giddn.

$$v\,\overset{0}{—}\,a_1M\ (10)\,\frac{6}{9}\,a_1A\ (25)\,\frac{7}{25}\,Li\,\frac{50}{24}\,Ls\,\frac{9000}{13000}$$

Romberg: Tendency to fall to r. Sp. nyst. ↘.

10 rot. $\frac{\rightarrow \text{feeble, fuses into sp. nyst.}}{\leftarrow 15''\ \text{then sp. nyst.}}$ Calor. 18° $\frac{35''\ \text{reinforces sp. nyst} \rightarrow.}{}$

15/10: Counterroll. l. eye 60°, to r. 7°, to l. 7°. Rp.Inj.chl.pilocarp.

16/10: Backposture ↷, r. side posture ↷ reinforced, l. side posture ↘.

22/10: Bloodpr. 175.

25/10: $v\,\frac{0{,}10}{}\,V\,\frac{3{,}00}{}\,a_1M\ (10)\,\frac{7}{8}\,a_1A\ (25)\,\frac{11}{25}\,Li\,\frac{26}{20}\,Ls\,\frac{9500}{11500}$

31/10: Still paraesthesies in fingers of r. hand. Discharged.

22/11: Catheterized daily, altogether 15 times. Giddn. worse immed. after, but decreased in course of day.

30/12: Upright: ←. Backw. bend.: ⇝↘. Forw. bend. ÷. R. side posture ↷↘. L. side posture ⇝↘.

$$v\,\frac{0{,}10}{}$$

19/3-26: Const. buzz. Giddy now and then, but no attacks as previously.

$$v\,\overset{0}{—}\,V\,\frac{0{,}05—0{,}10}{}\,Li\,\overset{90}{—}\,\div \text{ sp. nyst.}$$

18/4: More giddy after catheteriz. Sitting posture feeble ←. Headbend. to r.: ↘. Headbend. to l.: ↓↘.

19/5-26: Bloodpr. 155. Weight 80. Distinct Babinski on l. side. Hands cyanotic. Back of r. hand somewhat oedematous.

No. 53. M. born 1888.

Mother died at 65 of apoplexy. Father suff. from »falling sickness». No. 5 of 9 healthy children, one however has »glands».

Once or twice, when 22, »falling sickness without convulsions». 1923 pneumonia.

Never discharge from ears or pain. Two months ago buzz. in r. ear. For one month deafness on r. side, treated with catheteriz.

Severe attack of giddn. with nausea, vomit. and headache on the day before adm. The buzz. worse before and during attack. States that hearing improves after attacks. Const. headache in crown of head for about a month, also a feeling of flap over r. ear. Rheumatism in l. arm and shoulder for last month. ÷ vasomot. rhinit. Has grown much stouter in last 4—5 years, since he has had sedentary work. Normal consumpt. of fluid and salt. ÷ asthma. ÷ urticaria. ÷ eczema. No gastro-intest. sympt. Perspires easily. Considerable lassitude. Feels bad in the morning, best in the evening.

Transf. to Mun. Hosp. Ear Dept. 10/7-26 from Dept. VI under diagn.: Neurolabyrinthitis. Nyst. to r. observed in Dept. VI, otherwise nothing abn. found here.

Height 165. Weight 87. Bloodpr. 95. Tender, subcut. infiltr. in occiput. Aur. d.: Membr. much retracted, dull, milky. Aur. s.: Membr. much retracted milky with fibrous areas. Cav. nasi: Mucous membr. hypertr.

$$v\,\frac{6{,}00}{20{,}00}\,a_1M\ (10)\ \frac{7}{8}\,a_1A\ (25)\ \frac{12}{20}\,Li\,\frac{24}{22}\,Ls\,\frac{16000}{17000}$$

÷ sp. nyst. in diff. headpostures. 10 rot. $\frac{\rightarrow 25''}{\leftarrow 29''}$ Calor. (18°) $\frac{20''\ \overrightarrow{\leftarrow} + \text{reversal}}{17''\ \overleftarrow{\rightarrow} + \text{reversal}}$

14/7: Catheteriz. scarcely passage on both sides.

19/7: Rp. Catheteriz. Pill. thyreoid. 1 × 3.

28/7: $v\,\frac{6{,}00}{20{,}00}\,a_1M\ (10)\ \frac{8\,1/2}{9}\,a_1A\ (25)\ \frac{12}{22}\,Li\,\frac{24}{15}\,Ls\,\frac{16552}{17536}$

R. sided buzz. in the morning. ÷ giddn. ÷ stenosis.

Rp. Scotch douche.

2/8: $v\,\frac{5{,}00}{20{,}00}\,a_1M\ (10)\ \frac{8}{8}\,a_1A\ (25)\ \frac{12}{22}\,Li\,\frac{36}{15}\,Ls\,\frac{16552}{19688}$ ÷ buzz.

4/8: Discharged.

19/10: Readm. Attacks began again a month after discharge.

$$v\,\frac{8{,}00}{20{,}00}\,a_1M\,\frac{11—15}{13}\,a_1A\,\frac{10}{62}\,Li\,\frac{80}{15}\,Ls\,\frac{12000}{15000}$$ ÷ sp. nyst.

Rp. Diet with reduced salt. Tabl. Agurini ctgr 50 × 3.

26/10: Weight 80. Bloodpr. 115.

5/11: v $\frac{2,0—20,00}{20,00}$ $a_1M\frac{10}{9}$ $a_1A\frac{27}{61}$ Li $\frac{23}{16}$ Ls $\frac{13000}{16000}$

8/11: v $\frac{2,0—20,00}{20,00}$ $a_1M\frac{14}{8}$ $a_1A\frac{27}{63}$ Li $\frac{36}{16}$ Ls $\frac{14000}{16000}$ Incandescent light baths.

16/11: v $\frac{2,50}{20,00}$ $a_1M\frac{10}{10}$ $a_1A\frac{35}{55}$ Li $\frac{30}{18}$ Ls $\frac{13000}{13000}$

19/11: v $\frac{2,50}{——}$ $a_1M\frac{11}{12}$ $a_1A\frac{30}{60}$ Li $\frac{22}{18}$ Ls $\frac{13000}{13000}$ Bloodpr. 120.

Sep. Incandescent light baths. Diet with reduced salt. Agurin.

26/11: v $\frac{3,00}{——}$ $a_1M\frac{15}{13}$ $a_1A\frac{30}{60}$ Li $\frac{23}{18}$ Ls $\frac{15000}{17000}$ Rp. Pill. thyreoid. 1 × 2.

Const. seeting in r. ear, but feels much better. Discharged.

18/2-27: v $\frac{6,00}{20,00}$ $a_1M\frac{9}{10}$ $a_1A\frac{35}{53}$ Li $\frac{30}{18}$ Ls $\frac{15000}{16000}$ Const. headache.

Sep. Thyreoidin. Rp. Reduced fluids.

24/4: Attacks of giddn. again.

v $\frac{0,10}{20,00}$ $a_1M\frac{10}{15}$ $a_1A\frac{10}{57}$ Li $\frac{90}{15}$ Ls $\frac{16000}{16000}$ ÷ sp. nyst.

Bloodpr. 117. Weight 80. Rp. Euphyllin ctgr 20 × 3.

29/4: v $\frac{0,10}{——}$ $a_1M\frac{9}{17}$ $a_1A\frac{10}{57}$

2/5: Attack accomp. by severe buzz.

v $\frac{1,00}{20,00}$ $a_1M\frac{11}{14}$ $a_1A\frac{16}{61}$ Li $\frac{22}{15}$ Ls $\frac{14500}{16000}$ Hardly any buzz. at present. Diuresis copious last days.

4/5: Weight not reduced; intake again equal to or greater than diuresis, in spite of euphyllin. Bloodpr. 130. Weight 80 kilo, accordingly:

Sep. Euphyllin.

v $\frac{1,00}{20,00}$ $a_1M\ \frac{14}{13}$ $a_1A\frac{24}{60}$ Li $\frac{36}{15}$ Ls $\frac{16000}{16500}$

9/5: $a_1M\frac{7}{13\frac{1}{2}}$ $a_1A\frac{11}{50}$ Li $\frac{36}{21}$ Ls $\frac{15500}{17000}$ Weight 81. Bloodpr. 130. ÷ stenosis. ÷ sp. nyst. Rp. Reduced salt. Exercise.

16/5: v $\frac{1,75}{20,00}$ $a_1M\frac{12}{16}a_1A\frac{17}{62}$ Li $\frac{24}{15}$ Ls $\frac{14000}{15000}$ Weight 79,5. Buzz. decreasing gradually.

27/5: Weight 78. Bloodpr. 120. ÷ sp. nyst. A little giddy every day.

17/10: $v\ \frac{4{,}50}{20{,}00}\ a_1M\ \frac{14}{17}\ a_1A\ \frac{29}{54}\ Li\ \frac{32}{15}\ Ls\ \frac{14000}{16000}$ 10 rot. $\frac{\rightarrow 31}{\leftarrow 22}$

÷ sp. nyst. Amylnitr. ⊇, also during fading, during which a slight r. sided buzz. appears. Compr. of tragus and carotis: ÷. Compr. in ext. meatus indication of →; aspir. ÷. Stenosis on l. side.

No. 54. F. born 1888.

Mother bronchitis and asthma in latter years. Father stomach trouble for many years, later on emphysema and asthma, died when 64 of heart stroke. No. 1 of 5 children. One died at 34 of cancer. A sister phlebitis, another sister has mb. Menièri (No. 84). All somewhat delicate.

1914 pleurisy. 1920 pneumonia. Never discharge from ears or pains. In 1920 during some months slight transient attacks of giddn. with nausea; no buzz. or deafness. In 1923 rheumatic pains in occiput and slight eczema, probably caused by dyed fur.

1924 buzz. in r. ear, treated with vibration, after which they disapp. for ¾ of a year; returned later on and has maintained itself since with varying intensity.

Attacks of giddn. began in 1925, since frequent and severe; always preceded by aggrav. buzz. Did not notice diminuition of hearing during first attacks; hard hearing during later attacks always much pronounced, but decreases together with buzz. and tension in head immed. attack is over. Pt. has, at times, been more troubled by buzz. and deafness, than by the actual attack, so that she has often wished the attack to come on in order to get the relief after it. Hears best in the evening. Buzz. increase in cool, unsettled weather. ÷ hyperaesthesia acust. ÷ pressure on ears. ÷ paraesthesies; ÷ asthma; ÷ urticaria. + r. sided vasomot. rhinit. No gastro-intest. sympt. Perspires with difficulty. Feet always cold. Normal consumpt. of fluids and salt. Legs swollen in the evening. Menses reglr.

17/6-26: After attack sp. nyst. ⌒, reinforced in r. side posture, unaltered in l. side posture.
Adm. Mun. Hosp. Ear Dept. 18/6-26. Height 157. Weight 67.
Bloodpr. 142. Hemoglb. 100.
Aur. d.: Membr. very retracted, atrophied, translucent, fibrous; in post. part arc-shaped area with interjacent atrophied parts. Art. inc.-stap. distinctly seen. Aur. s.: Membr. slight atrophied with transluc. art. inc.-stap., manubr. relief-like project.

$$v\ \frac{20{,}00}{20{,}00}\ a_1M\ (10)\ \frac{8}{11}\ a_1A\ (25)\ \frac{13}{22}\ Li\ \frac{24}{15}\ Ls\ \frac{17000}{17000}$$

÷ sp. nyst. in diff. head postures.

Compr. and aspir. in ext. meatus ÷. 10 rot. $\frac{\rightarrow 18''}{\leftarrow 22''}$

Calor. 18° $\frac{18'' \rightleftarrows + \text{reversal}}{16'' \rightleftarrows + \text{reversal}}$ Tender subcut. infiltr. on crura.

Rp. Catheteriz.

3/7: Blowing sound on catheteriz. of r. tuba.

6/7: Giddn. and vomit. yesterday. Rp. Tabl. diuretini ctgr 50 × 3.

9/7: Attack of giddn.

16/7: Several minor attacks on the previous days.

$v \frac{20{,}00}{20{,}00} a_1M\ (10) \frac{8}{8} a_1A\ (25) \frac{15}{18} Li \frac{15}{18} Ls \frac{15500}{17250}$ Rp. ½ ltr destill. water extra.

19/7: Increas. buzz. in r. ear. $a_1A\ (25) \frac{15}{22} Li \frac{28}{15}$

20/7: Buzz. in ears also pains in back of head, feels dazed.

21/7: Sp. nyst. ↙. Cannot stand drinking so much water, feels unwell. Severe buzz. on r. side.

$a_1M\ (10) \frac{6}{8} a_1A\ (25) \frac{15—18}{21} Li \frac{18}{15} Ls \frac{15500}{17000}$ Sep. Extra water.

22/7: Feels better to-day than she has done for last week.

27/7: Attack of giddn. Back posture ↙ 9 o'clock.

12 o'clock: ÷ sp. nyst. $v \frac{20{,}00}{20{,}00} a_1M\ (10) \frac{8}{8} a_1A\ (25) \frac{22}{22} Li \frac{15}{15} Ls \frac{16552}{18584}$

30/7: Very severe buzz. last night, now almost disapp.

$a_1M\ (10) \frac{6}{6} a_1A\ (25) \frac{15½}{24} Li \frac{17}{15} Ls \frac{17536}{17536}$

1/8: Giddn. Sp. nyst. ↼, unchanged in r. side posture, reinforced in l. side posture. Severe r. sided buzz.

$a_1M\ (10) \frac{4}{4} a_1A\ (25) \frac{15}{13} Li \frac{24}{15}$

4/8: $a_1M\ (10) \frac{5}{5} a_1A\ (25) \frac{11}{14} Li \frac{26}{15}$ Const. buzz.

5/8: $v \frac{20{,}00}{20{,}00} a_1M\ (10) \frac{4 \text{ vbr.}}{4 \text{ vbr.}} a_1A\ (25) \frac{8}{13} Li \frac{19}{15} Ls \frac{17536}{17536}$ R. sided severe tingling.

In the evening $a_1M\ (10) \frac{6½}{7} a_1A\ (25) \frac{17}{24} Li \frac{25}{15} Ls \frac{17536}{18584}$

6/8: $v \frac{2{,}00}{20{,}00} a_1M\ (10) \frac{3 \text{ vbr.}}{5} a_1A\ (25) \frac{8}{12} Li \frac{30}{15} Ls \frac{17536}{17536}$ ÷ nyst. ÷ stenosis.

16 o'clock: $v \frac{1{,}25—1{,}50}{20{,}00}$ $a_1A\ (25) — Li \frac{28}{15} Ls \frac{15000}{15000}$ Discharged.

7/8: $v\,\frac{2,00}{20,00}\,a_1M\ (10)\,\frac{4}{5}\,a_1A\ (25)\,\frac{11}{10}\,Li\,\frac{24}{15}\,Ls\,\frac{15000}{15000}$

Pt. has been corresponded with, and condition controlled since discharge. Is able to work, attacks are rare and of short duration. Buzz. but slight. Keeps her consumpt. of fluids down, measures intake and diuresis every day, and takes agurin tablets now and then when diuresis is small.

The diuresis was variable during stay in hospital, rather small than otherwise, affected by agurin and diuretin.

Readm. 6/3-28. After a free period of 3 months attacks again; always thirsty day after attacks during which large diureses besides vomiting and diarrhoea. Weight 75,95.

$v\,\frac{<20,00}{20,00}\,a_1M\,(15)\,\frac{7}{10}\,a_1A\,(40)\,\frac{19}{27}\,Li\,\frac{22}{15}\,L.\,s.\,\frac{16000}{16000}$ ÷ sp. nyst. Amylnitr.? Salyrgan expm. No. 54. (Vol. I, pag. 64).

9/3: Discharged.

No. 55. F. born 1861.

Healthy family. Never had discharge from ears or pain.

1925 frequent and severe attacks of giddn. with rotat. sensat. from l. to r. with simult. vomit. Never unconsciousness nor convuls. Noticed during last year, that hearing has deteriorated, esp. on l. ear. Always buzz. in l. ear, now and then in r. Knows nothing as to relat. between buzz, hearing and attacks. ÷ diplacusis. Memory much impaired. Chilly. Const. occipital headache, now and then frontal. Pressure on ears, esp. in rainy weather. Tendency to obstip. ÷ urticaria. ÷ eczema. Slight rheumat. in hands. Paraesthesia in fingers in bad weather. Perspirat. normal. Thinks consumpt. of fluids and salt is normal, ÷ vasomot. rhinit.

Transf. from Mun. Hosp.'s Dept. VI to Ear Dept. 5/6-26 with diagn.: Vertigo, Paraesthesia nuchæ. Insultus menièriformis. Anæmia. Surditas.

Neurol. exam. nothing abnormal beyond l. pupil > r.

25/5: Aur. d. et s.: Membr. oedematous, retracted, esp. r. Cav. nasi: Deviat. of septum to l. Tender infiltr. on crura and femora. Varices on lower extrm.

$v\,\frac{4,00}{0}\,V\,\frac{}{0,10}\,a_1M\ (10)\,\frac{10}{7}\,a_1A\ (25)\,\frac{16}{0}\,Li\,\frac{24}{e}\,Ls\,\frac{11000}{6000}$ ÷ sp. nyst. in diff. headpostures.

Romberg: Tottering, no fall. 10 rot. $\frac{\rightarrow 35''}{\leftarrow 43''}$ $\frac{\text{Calor. } 18°\ 12''\ \overrightarrow{\leftarrow} + \text{reversal}}{\text{Calor. } 18°\ 6''\ \overleftarrow{\rightarrow} + \text{reversal}}$

7/6: ÷ sp. nyst. $v\,\frac{4,00}{0}\,V\,\frac{Bá}{0,10—0,20}$ Rp. Daily catheteriz.

8/6: $v\,\frac{5,00}{0}\,V\,\frac{Bá}{0,30}\,a_1M\ (10)\,\frac{9}{-}\,a_1A\ (25)\,\frac{15}{-}\,Li\,\frac{24}{> 150}\,Ls\,\frac{11000}{9000}$

9/6: Bilat. impass. stenoses.

12/6: Rather giddy after catheteriz.

15/6: v $\frac{8{,}00}{aa}$ a_1M (10) $\frac{7}{9}$ a_1A (25) $\frac{7}{4}$ Li $\frac{24}{>150}$ Ls $\frac{11000}{6500}$ After catheteriz. which is difficult:

v $\frac{14{,}00}{aa}$ a_1M (10) $\frac{7}{6\frac{1}{2}}$ a_1A (25) $\frac{7}{3}$ Li $\frac{36}{>150}$ Ls $\frac{11000}{6500}$

18/6: Still stenosis on l. side. After catheteriz. v $\frac{Bá}{0{,}05}$

19/6: Bougie introduced on l. side. After catheteriz. v $\frac{Bá}{0{,}15}$

21/6: v $\frac{14{,}00}{0{,}10}$ V $\frac{20{,}00}{5{,}00}$ a_1M (10) $\frac{8}{6}$ a_1A (25) $\frac{22}{17}$ Li $\frac{24—36}{24—36}$ Ls $\frac{12000}{7000}$

Discharged.

30/7: v $\frac{20{,}00}{0}$ a_1M (10) $\frac{6\frac{1}{2}}{3}$ a_1A (25) $\frac{12}{0}$ Li $\frac{16}{>150}$ sp. nyst. ⇄.

Impermeable stenosis l. side.
Readm. 8/8.

v $\frac{20{,}00}{aa}$ a_1M (10) $\frac{6}{3}$ a_1A (25) $\frac{15}{0}$ Li $\frac{18}{>150}$ Ls $\frac{12000}{9200}$

10/8: Slightly giddy. Sp. nyst. ⇆.
Calor. 18° l. ear ⇆. Nyst. ceases on forw. bend.

11/8: Bougie introduced on l. side. Hemoglb. 88.

13/8: L. tuba impassable to catheter. Paracentesis of l. tymp. membr.

17/8: Severe attack with occipital pains. Nyst. ↷ strong on pt.'s getting up; a little later when pt. lays down ⇆. An hour later in back posture ⇄, not affected by posture of head.

Severe bilat. buzz. prior to commencement of attack.

v $\frac{>2{,}00 \text{ (in bed)}}{aa}$ a_1M $\frac{13}{13—18}$ a_1A $\frac{20}{7}$ Li $\frac{19}{80}$ Ls $\frac{13140}{9200}$

18/8: v $\frac{—}{aa}$ a_1M $\frac{10}{13}$ a_1A $\frac{40}{8—10}$ Li $\frac{18}{70}$ Feeble ⇄.

19/8: Attack again. Back posture feeble →. R. and l. side posture strong ⇄.

v $\frac{—}{0{,}05}$ a_1M $\frac{11}{14}$ a_1A $\frac{43}{10}$ Li $\frac{19}{60}$

20/8: Another attack last evening, free this morning.

$$v\,\frac{}{0{,}05}\,a_1M\,\frac{15}{16}\,a_1A\,\frac{59}{9}\,Li\,\frac{}{60}$$

23/8: $v\,\frac{}{aa}\,a_1M\,\frac{16}{13}\,a_1A\,\frac{30}{9}\,Li\,\frac{22}{>150}\,V\,\frac{}{3{,}50}$ ÷ giddn.

25/8: $v\,\frac{}{aa}\,a_1M\,\frac{15}{17}\,a_1A\,\frac{38}{13}\,Li\,\frac{23}{>150}\,V\,\frac{}{3{,}50}$ ÷ buzz. in l. ear. Frontal headache.

28/8: Attack began ½ hr. ago. Strong ⌒. Bilat. buzz.

$$v\,\frac{}{0{,}05}\,a_1M\,\frac{17}{7}\,a_1A\,\frac{25}{5}\,Li\,\frac{21}{70}$$ Inj. sol. sulph. atrop. 30 ctgr. 10 mins. later no buzz. on r., less on l. side; feels much better. Nyst. constant: ⌒ but diminished a good deal. ½ hr. later ÷ nyst.

2/9: Salyrgan expm. No. 75. (Vol. I, pag. 72). Rp. Digalen gtt. 20 × 3.

16/9: $v\,\frac{}{0{,}05}\,a_1M\,\frac{10}{8}\,a_1A\,\frac{37}{6}\,Li\,\frac{35}{>150}$

19/9: L. tuba still impermeable. Discharged.

1/10: Sep. Digalen.

19/10: Improved passage through l. tuba. Feels better.

Vibrat. massage in rhinoph.

13/11: Feels well. On begin to feel unsteady pt. immed. takes one pill. sulf. atrop., after which the impleasant feeling passes. Free passage in both tubæ.

10/10: $v\,\frac{20{,}00}{aa}\,a_1M\,\frac{10}{0}\,a_1A\,\frac{45}{0}\,Li\,\frac{23}{>150}$

5/1-27: L. tuba impermeable.

7/1: Bloodpr. 175. Weight 65. Severe bilat. buzz. esp. in r. ear.

$$v\,\frac{\text{hardly }20{,}00}{\text{hardly }aa}\,a_1M\,\frac{12}{6}\,a_1A\,\frac{42}{0}\,Li\,\frac{22}{>150}$$

31/1: Feels well.

2/3: Bloodpr. 145. No considerable attack for six months.

17/5: $v\,\frac{20{,}00}{<aa}\,a_1M\,\frac{16}{6}\,a_1A\,\frac{52}{10}\,Li\,\frac{21}{>150}\,Ls\,\frac{13000}{9500}$ Bloodpr. 160.

24/5: $v\,\frac{20{,}00}{<aa}\,a_1M\,\frac{12}{0}\,a_1A\,\frac{42}{0}\,Li\,\frac{24}{>150}\,Ls\,\frac{16000}{7000}$

21/6: Feels well.

11/10: Feels perfectly well, delighted on account of state. No attack for

a year. ÷ buzz. $v\frac{—}{aa}$ Diureses small, but varying. Ophthalmoscopy: normal.

No. 56. M. born 1884.

Father and one sister rheumatic, family otherwise healthy. 9 children. Treated for rheumatism at Balder's Hosp. Since often treated for rheumatism. Never discharge from ears or pains.

In 1920 a single severe attack of giddn., another in 1921; several since then.

Buzz. in l. ear began in 1920; was but slight the first years and could disapp. for some time; has been const. during last months. Buzz. does not grow worse before attack, is sooner worse after.

Hearing on l. ear has varied greatly since 1922. Knows nothing as to relat. between attacks and hearing. The buzz. worst when hearing is most reduced. Hears best after perspiring and after much exercise. Duration of attacks vary from min. to hours, pt. often falls; pt. vomits and has diarrhoea now and then. During some attacks sensat. of rotat. in a vertical direct. Often headache, esp. in the morning, when pt. also feels unsteady, gets better in course of day. Feels best in fresh air. Pronounced vasomot. rhinit., and often simult. rheumatic pains over loins or in feet and fingers. Not chilly, but hands and feet often cold. Pricking sensat. in ball of r. foot. Perspires easily. Copious consumpt. of fluids, normal consumpt. of salt. Has noticed that diureses vary, being esp. copious at night and after midday rest. Tendency to obstip. ÷ urticaria. ÷ eczema. Aknowledges to being very nervous and occupied about health. Has been treated with catheteriz. since 1922. Takes a great deal of exercise and bathing treatment. Adm. Mun. Hosp.'s Ear Dept. 7/6-23. Height 169.

Aur. s.: Slight retract. and inject. along manubr. Aur. d.: Norm.

$$v\,\frac{8{,}00}{1{,}0—1{,}50}\,a_1M\ (10)\,\frac{11}{6}\,a_1A\ (25)\,\frac{24}{10}\,Li\,\frac{20}{30}\,Ls\,\frac{17000}{15000}\,R\,\frac{+}{+}\,W\uparrow.$$

Sp. nyst. ←. R. and l. side posture: ÷ sp. nyst.

$$10\ \text{rot.}\ \frac{\rightarrow 35''}{\leftarrow 45''}\ \text{Calor.}\ (18°)\ \frac{18''\ \overrightarrow{\leftarrow}\ +\ \text{reversal}}{12''\ \overleftarrow{\rightarrow}\ +\ \text{reversal}}$$

Compr. and aspir. in ext. meatus, also compr. of tragus: ÷ nyst.

9/6: Lumb. punct.: Pressure 275, cells 0/3. Rp. inj. chl. pilocarp.

10/6: Attack of giddn. last night.

11/6: Headache, vomit. and paraesthesies in fingers, pressure on chest and great perspir. after pilocarpin.

19/6: States that hearing is improved and buzz. less.

Sp. nyst. ↩, unaltered by forw. bend. and sideposture. Compr. of tragus, amylnitr. ÷. Calor. l. 45°: after 45″ the sp. nyst. changes to ⇄+ reversal.

$$v\,\frac{17{,}00}{15{,}00}\,a_1M\ (10)\,\frac{8}{7}\,a_1A\ (25)\,\frac{23}{18}\,Li\,\frac{18}{28}\,Ls\,\frac{16552}{15624}$$

20/6: Ophthalmoscopy normal. Discharged.

19/7: $v\,\frac{\quad}{20{,}00}\,Ls\,\frac{\quad}{15624}$

20/9: $v\,\frac{20{,}00}{20{,}00}\,a_1M\ (10)\,\frac{9}{7}\,a_1A\ (25)\,\frac{\quad}{25}\,Li\,\frac{20}{30}\,Ls\,\frac{17000}{15000}$

11/12: After having taken aspirin and phenacetin for a cold the buzz. on left ear has increased and hearing has become worse.

$$v\,\frac{20{,}00}{14{,}00}\,Ls\,\frac{18000}{15000}$$

19/12: ÷ sp. nyst. in ordinary position, with head on r. shoulder and in r. side posture. In l. side posture also with head on l. shoulder ⇄.

10 rot. $\frac{\rightarrow 30''}{\leftarrow 20''}$

11/1-24: Counterroll. (r. eye): 60° to r. 6°; to l. 13°.

14/1: Counterroll. (r. eye): 60° to r. 4°; to l. 10°.
Counterroll. (l. eye): 60° to r. 7°; to l. 10°.

16/1: 10 rot. $\frac{\rightarrow 22''}{\leftarrow 25''}$ Calor. (15°) $\left|\frac{15''\ \curvearrowright\searrow\ +\ \text{reversal}\ \curvearrowleft\swarrow}{15''\ \curvearrowleft\leftarrow\ +\ \text{reversal}\ \curvearrowright\searrow}\right.$

31/1: $v\,\frac{20{,}00}{\text{hardly } 20{,}00}$ Slight stenosis of l. tuba.

4/2: Counterroll.: (r. eye) 60°, to r. 6 ½°; to l. 11 ½°.

20/2: $v\,\frac{20{,}00}{20{,}00}\,a_1M\ (10)\,\frac{9}{4}\,a_1A\,(25)\,\frac{20}{9\ ½}\,Li\,\frac{16}{60}\,Ls\,\frac{18000}{15000}$ Buzz. in l. ear.

4/6: Has began work again.

Counterroll. (r. eye) to r. 6°; to l. 8°.
Counterroll. (l. eye) to r. 8°; to l. 10 ½°.

$$v\,\frac{20{,}00}{18{,}00}$$

23/8: Period. buzz., mostly in l. ear.

$$v\,\frac{20{,}00}{12{,}00}\,a_1M\ (10)\,\frac{11}{6}\,a_1A\ (25)\,\frac{22}{12}\,Li\,\frac{16}{26}\,Ls\,\frac{17500}{14500}$$ Feeble ⇄, unaltered by r. and l. side bend.

10 rot. $\frac{\rightarrow 50}{\leftarrow 60}$ Calor. 18° 20 ccm $\frac{25''\ \curvearrowright\ \text{forw. bend.}\ \curvearrowleft\swarrow}{20''\ \curvearrowleft\leftarrow\ \text{forw. bend.}\ \rightarrow\searrow}$

25/8: Counterroll. (l. eye) 60°, to r. 6°; to l. 11°.
Counterroll. (r. eye) 60°, to r. 8°; to l. 9°.

1/10: $v\,\frac{20{,}00}{5{,}00}\,Ls\,\frac{}{15000}$

12/12: $v\,\frac{20{,}00}{3{,}00}\,a_1M\,(10)\,\frac{12}{1}\,a_1A\,(25)\,\frac{22}{8}\,Li\,\frac{16}{32}\,Ls\,\frac{16500}{14000}$

27/12: Readm. Buzz. in l. ear increased, and has had a single short attack of giddn.

$$v\,\frac{20{,}00}{2{,}00}\,a_1M\,(10)\,\frac{9}{4}\,a_1A\,(25)\,\frac{25}{12}\,Li\,\frac{16}{40}\,Ls\,\frac{17000}{13000}$$

Romberg ÷. ÷ sp. nyst. 10 rot. $\frac{\rightarrow 30''}{\leftarrow 35''}$ Calor. 17° 20 ccm $\frac{16''\circlearrowright + \text{reversal}}{22''\circlearrowleft + \text{reversal}}$
Rp. Inj. chl. pilocarp.

19/1-25: $v\,\frac{}{2{,}00}\,a_1M\,(10)\,\frac{}{3}\,a_1A\,(25)\,\frac{}{9}\,Li\,\frac{}{40}\,Ls\,\frac{}{13500}$

22/1: $v\,\frac{c.10{,}00}{2{,}50}\,a_1M\,(10)\,\frac{7}{5}\,a_1A\,(25)\,\frac{20}{10}\,Li\,\frac{18}{24}\,Ls\,\frac{17000}{14500}$ ÷ giddn. Feels well. Counterroll. (r. eye): to r. 5°; to l. 6°; (l. eye): to r. 5°; to l. 6°. Discharged.

28/11: $v\,\frac{18{,}00}{1{,}50}\,a_1M\,(10)\,\frac{6}{2}\,a_1A\,(25)\,\frac{20}{15}\,Li\,\frac{16}{18}\,Ls\,\frac{16000}{14000}$ ÷ sp. nyst.

At work and in spite of nervous complainings much better. Has had a good deal of massage and firneadlebaths, which he thinks have done him good.

25/6-26: No attack for a year, but pt. still nervously afraid of getting attacks. Buzz. in l. ear.

$$v\,\frac{20{,}00}{2{,}00}\,a_1M\,(10)\,\frac{6}{6}\,a_1A\,(25)\,\frac{29}{48}\,Li\,\frac{19}{28}\,Ls\,\frac{15000}{13000}$$ L. sided stenosis.
Rp. Gymnastics. Scotch douche.

13/11: Feels well. Bloodpr. 145. Weight 82 net. Height 169.

$$v\,\frac{20{,}00}{8{,}00}\,a_1M\,\frac{11\frac{1}{2}}{6}\,a_1A\,\frac{47}{35}\,Li\,\frac{15}{24}$$

21/12: Feels well. Working as before.

24/1-27: $v\,\frac{}{0{,}50}\,a_1M\,\frac{7}{6}\,a_1A\,\frac{56}{27}\,Li\,\frac{15}{32}\,Ls\,\frac{15000}{13000}$

31/1: $v\,\frac{}{1{,}00}$ Rp. Reduction of fluid intake.

17/3: $v\,\frac{}{1{,}50}\,a_1M\,\frac{12}{8}\,a_1A\,\frac{57}{31}\,Li\,\frac{}{26}\,Ls\,\frac{16000}{14000}$

9/4: Hemoglb. 70. Slight giddn., first time for 2 years. Feels tired. Rp. Tabl. ferr. reduct. ctgr 25 × 3.

3/5: $v\frac{}{0{,}50}\,a_1M\frac{11}{7}\,a_1A\frac{61}{28}\,Li\frac{18}{36}\,Ls\frac{16000}{14000}$ Sep. Iron.

9/5: $v\frac{}{0\,25}\,a_1M\frac{7}{7}\,a_1A\frac{60}{18}\,Li\frac{16}{45}\,Ls\frac{15000}{15000}$

12/5: Has taken aspirin for a couple of days and had more buzz. in l. ear also in r.

14/6: Loud whistling sound in l. ear, began after running, when pt. perspired a great deal. ÷ giddn. Slight frontal pressure. Weight 77 net. Bilat. tubal stenoses.

$v\frac{20{,}00}{12{,}00}\,a_1M\frac{12}{6}\,a_1A\frac{60}{36}\,Li\frac{15}{24}\,Ls\frac{}{14000}$ Bloodpr. 133. Hemoglb. 99.

9/7: $v\frac{20{,}00}{6{,}0—12{,}00}\,a_1M\frac{9}{5}\,a_1A\frac{45}{40}\,Li\frac{15}{22}\,Ls\frac{16000}{14000}$ Severe attack of vasomot. rhinit. and lumbago.

4/8: $v\frac{20{,}00}{20{,}00}\,a_1M\frac{15}{9}\,a_1A\frac{50}{50}\,Li\frac{15}{15}\,Ls\frac{16000}{15000}$ Feels well.

19/8: Feels well excepting for a nervous fear of possible attacks. Looks after his work.

$v\frac{20{,}00}{20{,}00}$ Bloodpr. 120. Hemoglb: 87,2.

Pt. has kept account of diuresis and intake of fluid for several months. Spont. intake about 2 ½—3 liters to diuresis of ¾—1 liter. By help of massage, baths, plenty of exercise, reduced consumpt. of fluids diuresis increased and became equal to intake; weight went down from 82 to 77 at same time.

No. 57. M. born 1878.

Father died of tubercl. and diabetes when 54 years old.

No. 7 of 7 children, of whom 4 are dead, 2 of diabetes and 2 of tubercl. One of the surviving had tubercl., another migraine and rheumatism.

Pt. has had scrophula as a child, also eye trouble. A little sugar in urine now and then for several years, does not keep diet, never thirsty, drinks but little, perspiration normal. ÷ rheumatism. Normal consumpt. of salt. In 1914 treated with catheteriz. for buzz. and sensat. of closing up in l. ear; was not giddy; remembers nothing respecting deafness.

Never discharge from ears or pain. ÷ vasomot. rhinit. ÷ eczema. ÷ urticaria. November 1923 sudden attack of giddn., since then numerous. Attacks last from min. to hours; sensat. of rot. from l. to r., accomp. by nausea and vomit. ÷ unconsciousness. Before attack begins buzz. in-

creases, »as if metal was struck with a hammer»; buzz. otherwise more like whirring. Feels unsteady in between attacks, esp. on bend. forw. Deaf on l. ear since 1922, cannot give any informat. as to relat. between buzz., deafness and attacks. Tension and pressure in head esp. in l. side.

Adm. Mun. Hosp. Dept. VI 3/9-24 for observ. for tumor cerebri. Transf. Ear Dept. 14/9 with diagnosis: Neurolabyrinthitis.

Lumb. punct. (dept. VI): Cells 0/3, alb. 9, glob. 0. Hemoglb. 94. Aur. d.: Inject. along manubr. Membr. perhaps somewhat atrophied. Aur. s.: Scarcely retract., perhaps atrophy, manubr. and esp. proc. br. project. reliefwise.

$$v \frac{}{aa} a_1M\ (10)\ \frac{7}{7}\ a_1A\ (25)\ \frac{24}{7}\ Li\ \frac{17}{80}\ Ls\ \frac{16000}{13000}\ R\ \frac{+}{}$$

÷ sp. nyst. in diff. head postures. Only in l. side posture: ⟳.

10 rot. $\frac{\rightarrow 40}{\leftarrow 20}$ Calor. (18°) $\frac{18''\ \overset{\curvearrowright}{\rightarrow} + \text{reversal}}{20''\ \overset{\curvearrowleft}{\leftarrow} + \text{reversal}}$ Rp. Inj. chl. pilocarp.

20/9: Copious perspir. after pilocarp. ÷ headache ÷ giddn. Const. l. sided buzz.

24/9: ÷ sp. nyst. $v \frac{}{aa} a_1M\ (10) \frac{}{7}\ a_1A\ (25) \frac{}{7}\ Li \frac{}{80}\ Ls \frac{}{13000}$

After catheteriz. $v \frac{}{0{,}30} a_1M\ (10) \frac{}{10}\ a_1A\ (25) \frac{}{15}\ Li \frac{}{80}\ Ls \frac{}{13000}$

Rp. Catheteriz.

Counterroll. 50° to r. 7°; to l. 8°. Discharged.

29/10: $v \frac{20{,}00}{20{,}00} a_1M\ (10) \frac{}{9\frac{1}{2}}\ a_1A\ (25) \frac{}{19}\ Li \frac{}{40}\ Ls \frac{}{16000}$ ÷ sp. nyst.

25/2-25: ÷ giddn. $v \frac{20{,}00}{20{,}00}\ Li \frac{}{40}\ Ls \frac{}{14000}$

3/10: Perfectly well. $v \frac{20{,}00}{20{,}00}\ Li \frac{36}{90}\ Ls \frac{16000}{11000}$

12/5-26: Well. Slight sensat. in l. ear, now and then, when he has cold.

$$v \frac{20{,}00}{20{,}00} a_1M\ (10) \frac{8}{7}\ a_1A\ (25)\ \frac{18}{13\frac{1}{2}}\ Li \frac{28}{90}\ Ls \frac{16000}{14500}$$ Stenosis on l. side. Feeble →. Bloodpr. 135. Weight 80.

Rp. Catheteriz. Light reducing diet.

31/5: L. sided stenosis. Weight 79.

$$a_1M\ (10)\ \frac{7}{7\frac{1}{2}}\ a_1A\ (25)\ \frac{8}{16}\ Li \frac{24}{60}\ Ls \frac{16500}{16000}\ R \frac{+}{+}$$

26/7: $v \frac{20{,}00}{13{,}00} a_1M\ (10) \frac{7\frac{1}{2}}{8}\ a_1A\ (25) \frac{21—24}{16}\ Li \frac{23}{50}$ ÷ nyst. ÷ stenosis. Weight 75,5. Bloodpr. 160.

25/8: $v\frac{20,00}{5,00}\ a_1M\frac{10\frac{1}{2}}{10}\ a_1A\frac{30}{40}\ Ls\frac{16552}{16552}$ ÷ sp. nyst. ÷ stenosis.

27/8: $v\frac{20,00}{20,00}$ Weight 77.

13/9: Well. Weight 76. ÷ stenosis. $a_1M\frac{7}{6}\ a_1A\frac{28}{22}\ Li\frac{24}{55}\ Ls\frac{13000}{13000}$

13/12: Weight 78. Bloodpr. 140. Perfectly well. Looks after his work. Urine exam. several times, always normal.

No. 58. M. born 1880.

Parents healthy. 7 brothers and sisters of whom 2 have bad hearing. Discharge from r. ear as a child; hearing reduced since on that side. ÷ buzz.

Headache located in occiput and forehead since 18 years old; worst in the morning, but can come at any time. ÷ rheumatism. ÷ asthma. ÷ eczema. Urticaria twice; first time after having eaten mussels, 2nd time after eating Russian goose — otherwise no gastro-intest. sympt. Not chilly. Great consumpt. of fluids and salt. Aug. 1926: Herniotomia. Felt weak and was thin after discharge from hosp.; took to fatten himself:

6	o'clock	250 gr	chocolate
7	»	200 »	coffee
9	»	1,000 »	milk
10	»	250 »	broth
12	»	300 »	ale
15	»	250 »	broth
18	»	300 »	beer
21	»	200 »	tea
		2,750 »	fluids

besides lunch and dinner. After having been on these rations for 2 months, one morning, when he lifted himself up in bed, a violent attack of giddn. accomp. by vomit. Since then a number of attacks, which can be released by quick movements of the head, esp. by backw. and forw. bend., or by turning his head to the r. when lying down. Besides this, pt. has noticed that he becomes giddy if he puts his finger in his r. ear or presses on his r. tragus. Never buzz. Does not think his hearing has changed. Headache increased during last year. Lassitude.

Mun. Hosp. Ear Policl. 1/7-27. Height 163. Weight 73. Bloodpr. 94. Aur. d.: Membr. like mother of pearl, upwards a whitish thickened area, in which there is possibly a manubr. or remains of such. Aur. s.: Manubr. greatly retracted. Cav. nasi: Hypertrophy of r. conchæ inf.

$$v\ \frac{0{,}50}{20{,}00}\ a_1M\ \frac{17}{25}\ a_1A\ \frac{27}{50}\ Li\ \frac{36}{15}\ Ls\ \frac{15000}{14000}$$

÷ sp. nyst. in diff. headpostures. Distinct ↜↘ when he rises from r. side posture (repeated twice). Stronger ↘ on compress. of r. as well as l. carotis. Strong ↜↘ with pronounced slow phase when pt. twists his finger round in r. ext. meatus.

5/7: With headbend. to r. and a little backw. after 2″ strong ↝, lasting 10″, has not the caracter of an ampullar nyst.

Calor. (18° 20 ccm) $\frac{\overset{\curvearrowright}{\rightarrow} + \text{revers.}}{\underset{\curvearrowleft}{\leftarrow} + \text{revers.}}$ Hemoglb. 88. Rp. Reduced liquids.

15/7: $v\ \frac{1{,}50}{\quad}$ Hemoglb. 96,8. Weight 73,8.

29/7: Const. headache and lassitude. Weight 72,95.

24/8: Ringing sounds in r. ear. Severe headache.

27/8: ÷ sp. nyst. in diff. headpostures. 10 rot. $\frac{\rightarrow 35''}{\leftarrow 30''}$

Compr. of tragus and carotis, compr. in ext. meatus ↘.
Amylnitr.: ? reliable. On pressing with a finger in r. ear ↜↘.
Adm. Ear Dept. 28/8-27.

Some few infiltr. and solderings of scalp and skin of forehead. Myalgic changes in muscles at occiput.

29/8: Violent headache. ÷ Babinski. Weight.
Bloodpr. 100. Hemoglb. 103,6.
Salyrgan expm. No. 9. (Vol. I, pag. 45).

30/8: Rp. Massage. 600 gr fluid.

Lumb. punct.: Pressure 250, cells 3—4/3, alb. 8, glob. 0. W. R. ÷.

3/9: $v\ \frac{10{,}00—15{,}00}{20{,}00}\ a_1M\ \frac{16}{22}\ a_1A\ \frac{24}{20}\ Li\ \frac{55}{15}\ Ls\ \frac{14000}{15000}$ Const. headache.

6/9: Ophthalmoscopy ÷.

8/9: $v\ \frac{15{,}00}{20{,}00}\ a_1M\ \frac{15}{22}\ a_1A\ \frac{30}{51}\ Li\ \frac{24}{15}\ Ls\ \frac{15000}{14000}$ Headache disapp.

÷ sp. nyst. Tubæ free. ÷ buzz. Own voice »rumbles in his head».

13/9: Still feels somewhat unsteady, dare not turn round in bed.

$$v\ \frac{20{,}00}{20{,}00}\ a_1M\ \frac{15}{25}\ a_1A\ \frac{40}{55}\ Li\ \frac{20}{15}\ Ls\ \frac{15000}{15000}$$

17/9: Momentary attack of giddn. last night. Still free from buzz.

$$v\ \frac{20{,}00}{20{,}00}\ a_1M\ \frac{20}{27}\ a_1A\ \frac{27}{45}\ Li\ \frac{19}{15}\ Ls\ \frac{15000}{15000}$$

Sp. nyst. →; headbend. to r. reinforced $\overset{\curvearrowright}{\rightarrow}$, to l. →.

22/9: Salyrgan expm. No. 10. (Vol. I, pag. 46). ÷ sp. nyst. Weight 65.

24/9: Discharged.

Diuresis during stay in hosp. good = fluid intake.

No. 59. F. born 1880.

Father died when 62 of heart disease. Mother died when 46 of tubercl. No. 2 of 5 children, all nervous; one died when 35 of stomach disease. 2 suff. from rheumatism.

Operated on in 1906 for infl. of abdomen. Never given birth; menses regl. without molimina. Never had discharge from ears or pains.

In 1915 pt. noticed that hearing varied on r. ear and that there were buzz. After this had lasted for 3 months a violent attack of giddn., accomp. by vomit. and occipital headache. Has also headache between attacks, and esp. located in r. temple; worst in the morning. Feels best in the evening. Often gets giddy when lying on r. side. No informat. as to relat. between hearing and attacks.

Chilly; feet cold. Eczema on all toes. ÷ urticaria. ÷ vasomot. rhinit. + obstip. Has been treated with pilocarp., after which buzz. and giddn. decreased and hearing improved.

10/6-16: $v\,\frac{0,75}{4,00}$ Rotat. nyst. on looking to either side, mostly to l.

Adm. Mun. Hosp.'s Ear Dept. 31/7-16. Aures: Normal.

$$v\,\frac{4,00}{4,00}\ a_1M\ (10)\ \frac{7}{8}\ Li\,\frac{16}{16}\ Ls\,\frac{15624}{16552}$$ Hemoglb. 70.

2/8: Romberg ÷. ÷ sp. nyst. 10 rot. $\frac{\rightarrow\ 36}{\leftarrow\ 45}$ Cold Calor. $\frac{+}{+}$

5/8: 10 rot. $\frac{\rightarrow\ 36''}{\leftarrow\ 38''}$ $v\,\frac{20,00}{20,00}$ *12/8* Discharged.

2/11: $v\,\frac{0,25.}{\quad}$

7/11: Readm. on account of attacks of giddn. and severe r. sided buzz.

$$v\,\frac{6,00}{6,00}\ Li\,\frac{16}{16}\ Ls\,\frac{16552}{16552}$$ 10 rot. $\frac{\rightarrow\ c.\ 28''\ c.\ 30''}{\leftarrow\ c.\ 70''\ c.\ 60''}$ Calor. (12°) $\frac{30''\ \curvearrowright\ \rightarrow}{20''\ \curvearrowleft\ \leftarrow}$

Rp. Inj. chl. pilocarp.

20/11: 10 rot. $\frac{\rightarrow\ 37''}{\leftarrow\ 57''}$ Calor. 12° $\frac{35''\ +\ revrs.}{22''\ +\ revrs.}$ $v\,\frac{20,00}{20,00}$

2/12: Feels much better. ÷ giddn. ÷ headache. Still has slight buzz. in r. ear. ÷ sp. nyst. 10 rot. $\frac{\rightarrow\ 30''}{\leftarrow\ 60''}$

8/12: Discharged

25/5-26.

Condition varied somewhat since discharge in 1916. Buzz. const. in both ears, hearing fluctuates. Often unsteady. Not treated since discharge. Still very chilly. Small consumpt. of fluids and salt. Const. eczema.

$$v\ \frac{20{,}00}{2{,}00}\ a_1M\ (10)\ \frac{6}{6}\ a_1A\ (25)\ \frac{c.\ 30}{25}$$ Sp. nyst. ⇄ in l. side posture

26/5: $$v\ \frac{20{,}00}{2{,}00}\ a_1M\ (10)\ \frac{9\ ½}{10}\ a_1A\ (25)\ \frac{17}{16}\ Li\ \frac{17}{28}\ Ls\ \frac{14000}{16000}$$

1/7: $$v\ \frac{20{,}00}{20{,}00}\ a_1M\ (10)\ \frac{8}{10}\ a_1A\ (25)\ \frac{25}{22}\ Li\ \frac{19}{21}\ Ls\ \frac{17500}{15000}$$

30/7: $$v\ \frac{20{,}00}{20{,}00}\ a_1M\ (10)\ \frac{6}{7}\ a_1A\ (25)\ \frac{12}{13}\ Li\ \frac{16}{18}\ Ls\ \frac{17536}{16552}$$

24/6-27: Height 160. Weight 64,5. Hemoglb. 84,7.

$$v\ \frac{20{,}00}{20{,}00}\ a_1M\ \frac{11}{13}\ a_1A\ \frac{30}{30}\ Li\ \frac{20}{20}\ Ls\ \frac{17500}{17000}$$

11/7: Unsteady 4 days ago, nausea, buzz. increased, hearing on r. ear reduced. Pains in back of head.

Sp. nyst. ↜ ↓ , unaltered in sidepostures. Amylnitr. during flush ÷; during fading distinct ↓ . Compr. and aspir. in ext. meatus ÷.

$$v\ \frac{20{,}00}{20{,}00}\ a_1M\ \frac{9}{11\ ½}\ a_1A\ \frac{42—50}{60}\ Li\ \frac{16}{16}\ Ls\ \frac{13000}{13000}$$

14/10: $$v\ \frac{20{,}00}{20{,}00}\ a_1M\ \frac{7}{11}\ a_1A\ \frac{40}{55}\ Li\ \frac{20}{16}\ Ls\ \frac{18000}{18000}$$

Diuresis measured; copious = fluid intake.

No. 60. F. born 1855.

Parents healthy.

Febr. rheum. in 1889 without heart trouble; since had a great deal of rheumatism. Often ischias in r. leg since 1895. Menses regl.; 8 norm. births; 6 children living, one tubercl. and rheumatism. Operated on for prolapsus uteri in 1924.

Never discharge from ears or pain. Observed her own case badly. Hearing bad for many years. After a slight attack of influenza in winter 1927 buzz. and beating in whole head; sounds const. present. Attack of giddn. lasting 9 hrs. accomp. by vomit. 5 days prior to adm. Unsteady since.

Altern. obstip. and diarrhoea. Chilly. Drinks a great deal of boiled water for rheumatism; eats but little salt. ÷ asthma. ÷ urticaria. A great deal of headache lately.

Adm. Mun. Hosp.'s Ear Dept. 6/7-27. Height 155. Weight 65,7.

Aures: Considerable retract.

Cav. nasi: Swelling of mucous membr. Secretion and crusts in both sides.

Pharynx: Small adherent, injected tonsils.

$$v\ \frac{2{,}00}{4{,}00}\ a_1M\ \frac{6—10}{7}\ a_1A\ \frac{8}{9—14}\ Li\ \frac{22}{23}\ Ls\ \frac{11000}{11000}$$

Sp. nyst. ↺, unchanged by head postures. 10 rot. $\frac{\rightarrow 30''}{\leftarrow 30'' + \text{sp. nyst.}}$

Calor. (18°) $\frac{15''}{15''}$ ↗ → ↘ ↙ ← Amylnitr.: Sp. nyst. increases and trace of ↓.

Pronounced stiffness of columna; bilat. malum coxæ senile with almost total anchyl. on r. side.

7/7: Salyrgan expm. No. 11. (Vol. I, pag. 46). Rp. Universal massage.

16/7: Less buzz., worst at night. Feels lighter in head. ÷ giddiness. Rheumatism in lower extrm. Hemoglb. 99.

$$v\ \frac{\text{hardly } 20{,}00}{20{,}00}\ a_1M\ \frac{7\frac{1}{2}}{7}\ a_1A\ \frac{35}{36}\ Li\ \frac{20}{16}\ Ls\ \frac{10000}{11000}$$ Feeble ↺.

17/7: Slight giddn. and headache. Strong ↺.

21/7: Lumb. punct.: Cells ⅓.

29/7: Better. Buzz. the same, worst when she lies down. Still giddy and has occipital headache.

$$a_1M\ \frac{6}{6}\ a_1A\ \frac{35}{32}\ Li\ \frac{24}{28}\ Ls\ \frac{11000}{11000}$$ ÷ stenosis. Hemoglb. 99.

6/8: $v\ \frac{2{,}0—20{,}00}{4{,}0—20{,}00}\ a_1M\ \frac{7}{8}\ a_1A\ \frac{30}{30}\ Li\ \frac{21}{24}\ Ls\ \frac{9000}{11000}$ Sp. nyst. ↺.

20/8: Buzz. only in l. ear. Was formerly always obliged to put her r. leg first, esp. going up or down stairs; now changes her feet normally and walks without a stick.
÷ sp. nyst. Hemoglb. 102,8. Bloodpr. 140.

$$v\ \frac{20{,}00}{20{,}00}\ a_1M\ \frac{12}{10}\ a_1A\ \frac{50}{40}\ Li\ \frac{18}{18}\ Ls\ \frac{12000}{12000}$$

30/8: Bilat. buzz. in ears; a good deal of rheum. pains.

$$v\ \frac{\text{hardly } 20{,}00}{8{,}00}\ a_1M\ \frac{11\frac{1}{2}}{6\frac{1}{2}}\ a_1A\ \frac{36}{34}\ Li\ \frac{22}{24}\ Ls\ \frac{11000}{12000}$$ Weight 63,5.

Diuresis good = fluid intake.

No. 61. F. born 1881.

Healthy family. — Never discharge from ears or pains.

Summer 1925 sudden ringing in l. ear and slight giddn. lasting some hours, after that quite well again. Did not notice that hearing was impaired. Buzz. and ringing reappeared a week before adm. to hosp. Slight attack of giddn. some hours after. Treated with catheteriz.

Tendency to cold in head and l. sided frontal headache. Slight pressure on l. ear. Thinks her hearing all right, but has noticed that it can vary from day to day. ÷ hyperaesthesia acust.

Menses regl. up to 3 months ago, when uterus and adnexa were extirp. on account of fibroma. Since then congestions. Never given birth. Miscarriage 2 ½ years ago. Perspires a little now and then in contradistinction to formerly. Has had cold feet for last 2 years, otherwise not chilly. Normal consumpt. of fluids and salt. Has for many years noticed small diuresis. ÷ rheumatism. ÷ urticaria. ÷ eczema. No gastro-intest. symptoms. Rather nervous, sheds tears easily. ÷ paraesthesia. Feels well, when she perspires.

Adm. Mun. Hosp.'s Ear Dept. 12/6-26.

Quiet, sensible; weak after a severe attack to day, lasting 6 hrs. Ringing and buzzing ceased simultan. to commencement of attack.

Sp. nyst. →, trace of ↷. In r. side posture: →; l. side posture reinforced →.

Aur. d.: Very slight retract., proc. br. project. Aur. s.: Considerable retract. Cav. nasi: Slight œdemat. swelling of both opercula.

$$v\,\frac{20{,}00}{8{,}00}\,a_1M\ (10)\ \frac{6}{7}\,a_1A\ (25)\ \frac{25}{12}\,Li\,\frac{17}{50}\,Ls\,\frac{15500}{13500}$$

Pronounced, tender infiltr. on crura, femora, upper arm and occiput.

14/6: ÷ giddn. Back posture ↷, reinforced in r. side posture; l. side posture ÷.

18/6: ÷ giddn. Slight l. sided buzz. in the morning. ÷ stenosis. Ophthalmoscopy norm. Rp. Catheteriz. Tabl. Diuretini ctgr 50 × 3.

19/6: Rp. Tabl. ovariæ 1 × 2.

27/6: Occipital headache.

1/7: Lumb. punct.: Pressure 420, cells 2/3.

3/7: Sep. Diuretin.

5/7: Rp. Incandescent light baths.

13/7: Feels much better since beginning baths. ÷ giddn. ÷ buzz., but slight headache.

16/7: $v\,\frac{14{,}0—20{,}00}{10{,}00}\,a_1M\ (10)\,\frac{5}{5\frac{1}{2}}\,a_1A\ (25)\,\frac{13}{10}\,Li\,\frac{17}{>150}\,Ls\,\frac{16000}{13500}$ ÷ stenosis.

6 hrs. later: $v\,\frac{14{,}00}{12{,}00}\,a_1M\ (10)\,\frac{8\frac{1}{2}}{6}\,a_1A\ (25)\,\frac{18}{8}\,Li\,\frac{15}{90}\,Ls\,\frac{19000}{13500}$ Severe buzz. on l. side.

17/7: ÷ buzz. $a_1M\ (10)\ \frac{8}{6}\,a_1A\ (25)\ \frac{18}{10}\,Li\,\frac{15}{23}$ Rp. Diet with reduced salt.

Discharged.

15/10: Inconsiderable l. sided buzz. Feels perfectly well.

$$v\ \frac{20{,}00}{17{,}00}\ a_1M\ \frac{14}{15}\ a_1A\ \frac{65}{52}\ Li\ \frac{18}{24}\ Ls\ \frac{17000}{16000}$$

4/12: Period. buzz. and simult. fluctuating hearing.

$$v\ \frac{20{,}00}{20{,}00}\ a_1M\ \frac{14}{15}\ a_1A\ \frac{62}{52}\ Li\ \frac{18}{40}$$

Sep. Diet with reduced salt.

19/1-27: Slightly more pressure in head and l. sided buzz.

$$v\ \frac{20{,}00}{20{,}00}\ a_1M\ \frac{8\frac{1}{2}}{7}\ a_1A\ \frac{50}{25}\ Li\ \frac{20}{90}\ Ls\ \frac{15500}{16000}$$

2/2: Buzz. now and then in l. ear. Dragging sensat. in occiput now and then at which time buzz. disapp. and she feels quite steady on her feet.

15/19: Feels well. No attack since discharge, only now and then a little unsteady.

Height 156. Weight 62,5. Bloodpr. 130. Hemoglb. 98.

$$v\ \frac{20{,}00}{4{,}00}\ a_1M\ \frac{14}{14}\ a_1A\ \frac{45}{25}\ Li\ \frac{24}{36}\ Ls\ \frac{14000}{15000}$$

Stenosis on l. side, perhaps also on r. Sp. nyst. →.

Compr. of carotis, tragus ÷. Amylnitr. ÷. 5 rot. $\frac{\rightarrow 24''}{\leftarrow 19''}$

3/12: Tired. + Bárány's sympt. on l. side. Sp. nyst. →.

No. 62. F. born 1887.

Father suff. from rheumatism; discharge from l. ear from childhood; deaf on both ears; bilat. buzz. — No. 4 of 4. One sister otitis med.

Never had discharge from ears or pains. Bilat. buzz., and fluctuating deafness, esp. in r. ear, since 1922. In 1926 stone deaf on both ears for a couple of months. Attacks of giddn. in periods, at intervals of 1 or 2 years, simult. with buzz. and fluctuating deafness. In bad periods attacks are frequent, with intervals of only a few days, accomp. by vomit. Unsteady between attacks. Has not noticed what causes hearing to vary, and knows nothing about relation between buzz. and hearing. During the same space of time treated for »catarrh of stomach» which showed itself by nausea. ÷ rheumatism. R. nostril often stopped up; seldom has a cold. Perspires easily; not chilly. Easily gets pricking sensations in all her fingers. Does not feel particularly tired; a little nervous. Thinks she hears well in a noise. Menses rather frequent, without molimina. 2 normal births. Has been treated for frequently recurring tubal stenosis. Now and then giddy after catheteriz.

Normal consumpt. of fluids and salt.

Ear Dept.'s Policl. 21/1-27. Aur. d. et s.: Great retraction. ÷ sp. nyst.

$$v\ \frac{1{,}5—3{,}00}{15{,}00}\ a_1M\ \frac{9}{20}\ a_1A\ \frac{26}{50}\ Li\ \frac{90}{15}\ Ls\ \frac{14000}{15000}$$

24/1: $v\,\frac{0{,}50}{20{,}00}\,a_1M\,\frac{8}{17}\,a_1A\,\frac{31}{59}\,Li\,\frac{36}{15}\,Ls\,\frac{13500}{15000}$

31/1: $v\,\frac{4{,}00}{20{,}00}\,a_1M\,\frac{9}{17}\,a_1A\,\frac{35}{60}\,Li\,\frac{36}{15}\,Ls\,\frac{15000}{15000}$

11/2: $v\,\frac{1{,}00}{20{,}00}\,a_1M\,\frac{8}{11\frac{1}{2}}\,a_1A\,\frac{29}{45}\,Li\,\frac{50}{15}\,Ls\,\frac{14500}{16000}$

Const. r. sided buzz., no giddn. for 3 weeks.

Rp. Diet with reduced salt and fluid.

18/2: Very thirsty; much buzz.

$v\,\frac{1{,}00}{---}\,a_1M\,\frac{9}{9}\,a_1A\,\frac{30}{60}\,Li\,\frac{50}{---}$

8/4: $v\,\frac{1{,}25}{20{,}00}\,a_1M\,\frac{8}{17}\,a_1A\,\frac{25}{60}\,Li\,\frac{60}{15}\,Ls\,\frac{14000}{16000}$ Buzz. on r., growling on l. ear.

20/6: $v\,\frac{1{,}25}{\text{hardly } 20{,}00}\,a_1M\,\frac{11}{16}\,a_1A\,\frac{29}{55}\,Li\,\frac{30}{18}\,Ls\,\frac{15000}{16000}$ Increased buzz. Not giddy.

Sp. nyst. $\circlearrowright$. Sideposture and forward bending $\div$.

10 rot. $\frac{\rightarrow 25''\text{ merges into sp. nyst.}}{\leftarrow 20''}$ Calor. $18°\,\frac{\circlearrowright\text{ violent, }+\text{ reversal}}{\circlearrowleft\quad +\text{ reversal}}$

Amylnitr., compr. and aspir. in ext. meatus, compr. of carotis and tragus $\div$.

29/6: $v\,\frac{2{,}0—20{,}00}{20{,}00}\,a_1M\,\frac{10}{10}\,a_1A\,\frac{30}{64}\,Li\,\frac{24}{15}\,Ls\,\frac{15000}{17000}$ A good deal of buzz.

6/7: $v\,\frac{2{,}0—20{,}00}{20{,}00}\,a_1M\,\frac{10}{12}\,a_1A\,\frac{25}{52}\,Li\,\frac{36}{15}\,Ls\,\frac{16000}{18000}$ $\div$ sp. nyst.

17/8: $v\,\frac{1{,}0—1{,}25}{20{,}00}\,a_1M\,\frac{13}{16}\,a_1A\,\frac{25}{42}\,Li\,\frac{50}{15}\,Ls\,\frac{15000}{16000}$

Stenosis on l. side. No giddn. for 9 months.

Diuresis measured ambulantly; spont. rather small; increasing by diet with reduced salt so, that they = intake of fluids.

Adm. Ear Dept. 20/2-28. Height 150. Weight 51,5.

$v\,\frac{0{,}75}{20{,}00}\,a_1M\ (15)\,\frac{10}{12}\,a_1A\ (40)\,\frac{0—5}{37}\,Li\,\frac{36}{18}\,Ls\,\frac{15000}{15000}$ Sp. nyst.: $\circlearrowright$.

22/2: Salyrgan expm. No. 12. (Vol. I, pag. 46).

19/3: $v\,\frac{10{,}00}{20{,}00}\,a_1M\ (15)\,\frac{9}{12}\,a_1A\ (40)\,\frac{22}{34}\,Li\,\frac{36}{17}\,Ls\,\frac{14000}{15000}$ Feels well.

No. 63. M. born 1872.

Father died of chron. alcoholismus. No. 2 of 3 children. One brother alcoholismus chr.

Infant. paralysis when 1 ½ years old; since less power in r. leg. When 10 discharge from r. ear lasting about 2 years. 1916 operated on for hydrocele.

First attack of giddn. in 1910, since then numerous at irregular intervals; sometimes free for 1 or 2 years. Attacks accomp. by nausea, often by vomit.; often last several hours. ÷ unconsciousness. Often unsteady for months in between attacks. Thinks hearing has always been good. ÷ hyperaesthesia acust. Pressure on both ears. Slight jingling noises in both ears, but pt. has not been troubled by buzz. to any degree worth mentioning. Knows nothing of relat. of buzz. to attacks. Slight frontal headache. Seldom perspires. Severe and frequent attacks of urticaria for a long period about 20 years ago. ÷ eczema. Often pricking sensat. in r. hand. Rheum. in l. shoulder, wrist and foot. Frequent vasomot. rhinit. ÷ collapse.

Treated with pilocarp. in 1922 in Mun. Hosp. Dept. III with good results.

Ear Policl.: Sp. nyst. ← feeble, l. side posture strong ←, decreasing a little after, r. side posture: ÷ nyst.

Calor. 18° $\frac{20'' \curvearrowright + \text{reversal}}{55'' \curvearrowleft \div \text{reversal}}$ 10 rot. $\frac{\rightarrow 20''}{\leftarrow 27''}$

Adm. to Bispebj. Hosp. 29/4-26 for vertigo. Ophthalmoscopy here norm Bloodpr. 130. W R ÷ in blood and spinal fluid. ÷ sp. nyst. Impaired power of smell. Treated with parathyreoidin.

Adm. Mun. Hosp.'s Ear Dept. 3/7-26. Height 170. Weight 74. Aur. d.: Membr. milky, slightly retracted. Proc. br. projects very considerably. Aur. s.: Membr. atrophic with fibrous area, retracted. ÷ sp. nyst. ÷ infiltr.

$$v\,\frac{2{,}00}{20{,}00}\,a_1M\ (10)\,\frac{4}{7}\,a_1A\ (25)\,\frac{3}{14}\,Li\,\frac{45}{16}\,Ls\,\frac{8500}{17000}$$

7/7: ÷ sp. nyst. Postrot. nyst. normal (3 and 10 rot.).

Calor. (18°) $\frac{35'' \curvearrowright + \text{reversal}}{76'' \curvearrowleft + \text{reversal}}$ Calor. (46°) $\frac{62'' \curvearrowleft + \text{reversal}}{49'' \curvearrowright + \text{reversal}}$

13/7: $v\,\frac{7{,}00}{20{,}00}\,a_1M\ (10)\ \frac{5}{8}\ a_1A\ (25)\,\frac{7}{11}\,Li\,\frac{40}{16}\,Ls\,\frac{12000}{17000}$

Rp. Diet with reduced salt.

27/7: $v\ \frac{10{,}00}{17{,}00}\,a_1M\ (10)\ \frac{6}{7}\ a_1A\ (25)\,\frac{6}{11}\,Li\,\frac{45}{20}\,Ls\,\frac{10428}{15624}$

30/7: $v\,\frac{7{,}00}{10{,}00}\,a_1M\ (10)\ \frac{5}{8}\ a_1A\ (25)\,\frac{8}{20}\,Li\,\frac{55}{19}\,Ls\,\frac{13140}{15624}$ Feeble bilat. buzz.

4/8: $v\,\frac{10{,}00}{20{,}00}\,a_1M\ (10)\ \frac{5}{7}\ a_1A\ (25)\,\frac{7}{15}\,Li\,\frac{40}{15}\,Ls\,\frac{13140}{17536}$ Weight 76.

Discharged.

7/9: $v\ \frac{1{,}00}{20{,}00}\ a_1M\ (15)\ \frac{11}{13}\ a_1A\ (60)\ \frac{12}{65}\ Li\ \frac{36}{15}\ Ls\ \frac{12400}{17530}$ R. sided buzz.

29/9: $v\ \frac{12{,}00}{20{,}00}\ a_1M\ (15)\ \frac{6\frac{1}{2}}{15}\ a_1A\ (60)\ \frac{20}{62}\ Li\ \frac{40}{15}$ Unsteady and heavy in his head.

13/10: $v\ \frac{16{,}00}{20{,}00}\ a_1M\ (15)\ \frac{9}{13}\ a_1A\ (60)\ \frac{34}{62}\ Li\ \frac{36}{15}\ Ls\ \frac{12000}{15000}$

20/10: $v\quad a_1M\ (15)\ \frac{10}{14}\ a_1A\ (60)\ \frac{33}{60}\ Li\ \frac{30}{15}\ Ls\ \frac{12000}{14000}$

20/11: $v\ \frac{16{,}0—20{,}00}{20{,}00}\ a_1M\ (15)\ \frac{8}{12}\ a_1A\ (60)\ \frac{33}{56}\ Li\ \frac{30}{15}\ Ls\ \frac{13000}{14000}$

Sep. Diet with reduced salt. Rp. Pill. thyreoidini 1 × 3.

11/12: $v\ \frac{10{,}00}{12{,}00}\ a_1M\ (15)\ \frac{11}{12}\ a_1A\ (60)\ \frac{33}{54}\ Li\ \frac{28}{15}\ Ls\ \frac{17536}{16552}$ Bloodpr. 152.

27/12: No attack for 6 months, but still a little unsteady.

$v\ \frac{16{,}0—20{,}00}{20{,}00}\ a_1M\ \frac{11}{11}\ a_1A\ \frac{36}{56}\ Li\ \frac{28}{15}$

31/1-27: Bloodpr. 140. Pulse 72. Attends to his work, a little unsteady. ÷ pressure in head.

28/2: $v\ \frac{20{,}00}{20{,}00}\ a_1M\ \frac{12}{17}\ a_1A\ \frac{46}{60}\ Li\ \frac{19}{15}\ Ls\ \frac{12000}{14000}$

28/3: $a_1M\ \frac{13}{14}\ a_1A\ \frac{48}{72}\ Li\ \frac{19}{17}\ Ls\ \frac{12000}{14500}$

26/4: $v\ \frac{20{,}00}{20{,}00}\ a_1M\ \frac{15}{16}\ a_1A\ \frac{50}{70}\ Li\ \frac{19}{16}\ Ls\ \frac{12000}{15000}$

31/5: $v\ \frac{20{,}00}{20{,}00}\ a_1M\ \frac{15}{17}\ a_1A\ \frac{52}{70}\ Li\ \frac{18}{16}\ Ls\ \frac{13000}{16000}$ ÷ sp. nyst. 5 rot. $\frac{\rightarrow 15''}{\leftarrow 14''}$

Calor. 18° (large quant.) $\frac{25''\ \overrightarrow{\leftarrow} + \text{reversal}}{25''\ \overleftarrow{\rightarrow} + \text{reversal}}$

2/7: $v\ \frac{4{,}00—8{,}00}{\text{hardly } 20{,}00}\ a_1M\ \frac{12}{17}\ a_1A\ \frac{32}{50}\ Li\ \frac{36}{17}\ Ls\ \frac{13000}{16000}$

÷ sp. nyst. Compr. and aspir. in ext. meatus, compr. of carotis and tragus ÷. Amylnitr. $\nearrow$ $\searrow$. No effect on the feeble buzz.

6/8: $v\ \frac{16{,}00}{20{,}00}\ a_1M\ \frac{13}{15}\ a_1A\ \frac{32}{55}\ Li\ \frac{22}{18}\ Ls\ \frac{13000}{15000}$ Feels well. ÷ headache.

Diuresis good = intake.

No. 64. F. born 1865.

Tendency to headache and vomit. from a child. Phlebitis 1907 and 1917. 1926 erysipelas. 7 normal births. All children dispos. to headache.

Typical vasomot. rhinit.; cannot be in tobacco smoke without getting cold in head. Nose runs every morning. A little bronchitis now and then. Congest. since climact. (about 10 years ago); cannot stand heat. Cannot wash in cold water without getting shiverings. Suff. from rheumatism in occiput and arms. All muscles tender. Feeling of tension over whole face. Gets easily bleedings in her skin even without lesion, esp. of latter years. Hemorrhoids for many years. No obstip. Small consumpt. of fluids and salt. Great lassitude. Memory extremely bad.

Never had discharge from ear or pain. — Attacks of giddn. since 1921; unsteady in between attacks. Often unpleasant feeling when riding in trams. Fancies the surroundings are turning from r. to l. Simult. deafness on r. ear; buzz. in same ear for last 2 years. Has not noticed any fluctuations of hearing. The headache, which was less about climact., has increased again in latter years. Feels worst in the morning.

Adm. Mun. Hosp. Dept. VI 14/10-26 for arterl. hypertension, hemicrania. Transferred with diagn.: Cephalalgia, syndroma menièriforme to Mun. Hosp.'s Ear Dept. 14/10-26. Height 166. Weight 78,5. Bloodpr. 155. Aur. d. et s.: Considerable retract.

$$v\,\frac{2{,}00}{2{,}00}\,a_1M\,\frac{9}{14}\,a_1A\,\frac{5\text{—}8}{10}\,Li\,\frac{80}{34}\,Ls\,\frac{14000}{14000}\,R\,\frac{\div}{+}\,W =.$$ Sp. nyst. ←.

Numerous varices and cyanosis of both lower extrm., tender infiltr. on upper arms, occiput, femora and crura. Cutan. bleedings.

18/10: Less giddn. Sp. nyst. →, unchanged in side posture.

20/10: Giddy when he sits up in bed. Nyst. ⇄.

21/10: Slight attack this morning. Nyst. →.
Lumb. punct.: Pressure 290, cells 4/3, alb. 8, glob. 0. W. R. ÷.

23/10: Sp. nyst. →.
Rp. Diet with reduced salt. Tabl. agurini ctgr 50 × 3.

24/10: Giddy. Back posture ←. R. side posture ↼. L. side posture ÷.

29/10: Less headache. Loud buzz.

30/10: Rheumatic pains in l. shoulder. Buzz. and headache less.

4/11: $v\,\frac{>3{,}00}{2{,}00}\,a_1M\,\frac{11}{13}\,a_1A\,\frac{35}{45}\,Li\,\frac{40}{23}\,Ls\,\frac{12000}{14000}$ ÷ headache. ÷ buzz. ÷ giddn. Pains in l. arm.
Sep. Agurin.
Rp. Mixt. salicyl. natr. gr 15 × 3.

6/11: Less rheumatism, more buzz.

8/11: Increasing deafness, buzz. unaltered. ÷ giddn.

v $\frac{aa—0,75}{0,75}$ $a_1M\frac{8}{8}a_1A\frac{15}{32}$ Li $\frac{90}{32}$ Ls $\frac{12000}{13000}$ Bloodpr. 150.

Sep. Mixt. salicyl. natr.

9/11: v $\frac{0,15}{1,00}$ $a_1M\frac{9}{11}a_1A\frac{20}{33}$ Li $\frac{65}{26}$ Buzz. decreasing.

12/11: v $\frac{2,00}{4,00}$ $a_1M\frac{17}{16}a_1A\frac{30}{46}$ Li $\frac{50}{23}$ Ls $\frac{12000}{15000}$ R $\frac{\div}{+}$ ÷ headache. ÷ giddn.

16/11: v $\frac{20,00}{20,00}$ $a_1M\frac{15}{15}a_1A\frac{40}{58}$ Li $\frac{50}{15}$ Ls $\frac{11000}{16000}$ ÷ headache. Const. congest. Disagreable buzz. in both ears.

19/11: v $\frac{20,00}{20,00}$ $a_1M\frac{14}{18}a_1A\frac{35}{50}$ Li $\frac{45}{20}$ Ls $\frac{13000}{13000}$

20/11: Discharged.

26/11: v $\frac{\text{hardly } 20,00}{20,00}$ $a_1M\frac{14}{15}a_1A\frac{28}{44}$ Li $\frac{55}{28}$ Ls $\frac{14000}{14000}$ Buzz., esp. in the morning.

1/12: v $\frac{< 20,00}{< 20,00}$ $a_1M\frac{15}{13}a_1A\frac{28}{44}$ Li $\frac{65}{28}$ Bloodpr. 165.

1/10-27: Attack 2 days ago. Severe bilat. buzz. and occipital headache.

v $\frac{2,00}{4,00}$ $a_1M\frac{13}{12}a_1A\frac{20}{22}$ Li $\frac{36}{24}$ Ls $\frac{16000}{16000}$ Bloodpr. 190. Feeble $\overset{\nearrow}{\rightarrow}\underset{\searrow}{}$

5/10: v $\frac{3,00}{2,00}$ 5 rot. $\frac{\rightarrow 24''}{\leftarrow 26''}$ ÷ sp. nyst. Compr. of tragus and carotis ÷. Diuresis very variable, mostly small.

No. 65. F. born 1892.

Mother stout, dispos. to bronchitis. No informat. as to father. No. 1 of 3 children. One brother attacks of asthma since 2 years old.

Never had discharge from ears or pain. 1920 l. sided buzz., disapp. after catheteriz.

1925 again l. sided buzz., also attack of giddn. Attacks ressemble sea-sickness. Feels as if standing on her head. Buzz. worse some days before attacks; decreases when attack is over. Hearing generally good; but she becomes deaf on l. ear immediately before an attack and gets sensations of ear being closed up. Hearing all right again after attacks.

A good deal of lumbago. Menses regl. Normal consumpt. of water and salt. ÷ vasomot. rhinit. Perspires easily and much. Not chilly. No gastro-intest. sympt.

Adm. Mun. Hosp.'s Ear Dept. 10/6-25.

Aures: Membr. considerably retracted, atrophic with calcar. deposits and fibrous area; art. inc.-stap. seen on l. side.

$$v\,\frac{15{,}00}{15{,}00}\,a_1M\ (10)\,\frac{8}{8}\,a_1A\ (25)\,\frac{18}{16}\,Li\,\frac{18}{18}\,Ls\,\frac{16000}{16000}\,W =$$

$\div$ sp. nyst. 10 rot. $\frac{\rightarrow\ 20''}{\leftarrow\ 30''}$ Calor. (18°) $\frac{21''\ \rightleftarrows\ +\ \text{reversal}}{25''\ \leftrightarrows\ +\ \text{reversal}}$

11/6: Lumb. punct.: Pressure 160, cells 0/3; W. R. $\div$. Ophthalmoscopy norm. Rp. Inj. chl. pilocarp.

13/6: Very slight giddn. this morning. Back posture $\rightleftarrows$, reinforced in l. side posture, weakened in r.

16/6: On looking to left $\dashrightarrow$.

19/6: $v\,\frac{20{,}00}{20{,}00}\,Ls\,\frac{Bá}{16500}$ Slight buzz. in l. ear. $\div$ giddn. Sitting posture: single beats $\leftrightarrows$. Back posture and r. side posture: $\div$, l. side posture: $\leftrightarrows$ feeble. Rp. Catheteriz.

22/6: Attack last night with vomit. $\div$ sp. nyst. $v\,\frac{1{,}75}{2{,}00}$ Bá.

23/6: Feeble $\leftrightarrows$.

25/6: $v\,\frac{17{,}00}{19{,}00}$ Bá $Ls\,\frac{16000}{16000}$ Discharged.

7/6-26: $v\,\frac{20{,}00}{20{,}00}\,a_1M\ (10)\,\frac{7}{6}\,a_1A\ (25)\,\frac{17}{20}\,Li\,\frac{15}{15}\,Ls\,\frac{16000}{17000}$ Feels well. $\div$ giddn. $\div$ buzz. $\div$ headache. Tubæ free.

11/1-27: No buzz. and no attack for 18 months. Three weeks ago again l. sided buzz.; attack of giddn. with vomit. 5 days ago.

Was very deaf and ears felt closed up on both sides just before the attack; hearing all right again after attack. Great deal of lumbago during last months. Height 172. Weight 88. Bloodpr. 135.

Rather large tender infiltr. on crura, femora, occiput, upper arms. Slight tenderness of l. proc. mast. $\div$ sp. nyst.

$$v\,\frac{20{,}00}{20{,}00}\,a_1M\,\frac{16}{8}\,a_1A\,\frac{50}{30}\,Li\,\frac{15}{30}\,Ls\,\frac{17000}{17000}$$

18/2: $v\,\frac{20{,}00}{20{,}00}\,a_1M\,\frac{14}{7}\,a_1A\,\frac{65}{30}\,Li\,\frac{15}{26}\,Ls\,\frac{17000}{16500}$ Weight 88,5. Rp. Less fluids.

4/3: 2 attacks of giddn. last week.

$a_1M\,\frac{14}{10\ ½}\,a_1A\,\frac{52}{30}\,Li\,\frac{15}{24}$ Weight 87.

28/3: $a_1M\,\frac{14}{10\ ½}\,a_1A\,\frac{60}{50}\,Li\,\frac{18}{22}\,Ls\,\frac{17500}{17000}$ Bloodpr. 120. Slight l. sided buzz.

16/5: $a_1M\,\frac{15}{10\ ½}\,a_1A\,\frac{55}{37}\,Li\,\frac{15}{21}\,Ls\,\frac{17000}{16000}$ Weight 86,2. Slight l. sided buzz.

Rp. Diet with reduced salt.

No. 66. M. born 1891.

Mother nervous headache. — Febr. 1905 rheum. fever with heart trouble, since then rheumatism in legs. 1918 slight influenza. 1923 at Bispebj. Hosp. for stomach trouble. Was on ulcus diet, since then no gastro-intest. symptoms.

A great deal of headache in crown of head, accomp. by giddn. and nausea.

Deaf on r. ear since 1914, thinks this has grown worse since 1920. Pt. had r. sided buzz. and attacks of giddn. in spring 1923. At first attacks appeared at intervals of a few days, lasted up to 2 hours, accomp. by vomiting; now and then rotat. sensat., sometimes from l. to r., sometimes the reverse; vomit. at same time and now and then diarrhoea. Diffuse pressure in head during attacks. Has not noticed wether hearing varies. A little headache in the mornings in between attacks. Buzz. during some attacks, not during others, quite irregular. Tired and incapable of brain work in periods of attacks. ÷ vasomot. rhinit. Not chilly. Perspires easily. Pricking sensat. in fingers now and then, but otherwise no paraesthesies. Normal consumpt. of fluids, small consumpt. of salt.

Transf. 13/9-24 to Mun. Hosp. Ear Dept. from Dept. VI, where pt. has been since 7/9. Ophthalmoscopy here nat. Bloodpr. 110. Hemoglb. 88.
Aur. d.: Membr. retracted, thickened in post. part; proc. br. project. Manbr. retracted. Exostosis posteriorly. Aur. s.: Considerable retract. with project. post. plica mallei, surface irrgl.
Cav. nasi: Narrow on r. side.

$$v\,\frac{aa}{20{,}00}\;v\,\frac{0}{3{,}00}\;Bá\;V\,\frac{0{,}10}{Bá}\;a_1M\;(10)\;\frac{11}{11}\;a_1A\;(25)\;\frac{9}{25}\;Li\;\frac{80}{16}\;Ls\;\frac{14000}{10000}$$

R $\overset{\div}{+}$ W ↓ ÷ sp. nyst. Compr. and aspir. in ext. meatus, compr. of carotis and tragus ÷. 10 rot. $\frac{\rightarrow 35''}{\leftarrow 34''}$ Calor. (18°) $\frac{20''\ \overset{\rightarrow}{\leftarrow}\ +\ \text{reversal}}{30''\ \overset{\leftarrow}{\rightarrow}\ +\ \text{reversal}}$
Counterroll. 50°, to r. 3°—3,5°. 3°, to l. 10°—11°.
Stet. cord.: Boundaries norm. Action regl. Syst. disson. over entire precordium. $P_{II} > A_{II}$. Rp. Inj. chl. pilocarp.

16/9: Considerable r. side buzz., headache over r. ear.

23/9: $v\,\frac{0{,}50}{}\;a_1M\;(10)\;\frac{11}{}\;a_1A\;(25)\;\frac{10}{}\;Li\;\frac{65}{}\;Ls\;\frac{14000}{}$

27/9: Back posture $\overset{\leftarrow}{\rightarrow}$. R. side posture ÷. L. side posture ←. Upright posture ↙ ↘. Forw. bend. ÷.

29/9: Pressure on r. ear. ÷ giddn. ÷ headache.

$$v\,\frac{1{,}25}{}\;a_1M\;(10)\;\frac{7}{}\;a_1A\;(25)\;\frac{11\frac{1}{2}}{}\;Li\;\frac{32}{}\;Ls\;\frac{14000}{}\;R\;\overset{\div}{}\;W\downarrow\;\text{Romberg}\;\div.$$

3/10: Attack of giddn. ÷ buzz. Hearing unaltered. Buzz., nausea and headache still present ½ an hour after commencement of attack.

$v\,\frac{1{,}00}{}$ Sp. nyst. $\overset{\rightarrow}{\leftarrow}$ unaltered in side postures.

4/10: v $\frac{1,25}{\text{——}}$ a_1M (10) $\frac{13\frac{1}{2}}{\text{——}}$ a_1A (25) $\frac{16}{\text{—}}$ Li $\frac{32}{\text{—}}$ Ls $\frac{15000}{\text{——}}$ Discharged.

7/10: Severe attack. Rot. sensat. from l. to r. ÷ vomit. Pressure in head, buzz. in r. ear.
Back posture ⇉↓, unaltered in side posture and erect. posture.

8/10: Pressure on r. ear; but slight buzz. on r. side.
v $\frac{1,80}{\text{——}}$ a_1M (10) $\frac{11\frac{1}{2}}{\text{——}}$ a_1A (25) $\frac{11\frac{1}{2}}{\text{——}}$ Li $\frac{28}{\text{—}}$ Ls $\frac{14000}{\text{——}}$ R $\frac{\div}{\text{—}}$ W ↓ ÷ Sp. nyst. Counterroll. (r. eye) 60°, to r. 5°; to l. 6°. (l. eye) 60°, to r. 6,5°; to l. 6,5°.

11/10: Attack.

18/10: Several attacks last days. v $\frac{3,50}{\text{——}}$ Sp. nyst. ←.

22/10: a_1M (10) $\frac{13}{14}$ a_1A (25) $\frac{14}{30}$ Li $\frac{26}{18}$ Ls $\frac{14500}{16000}$

26/10: Slight attack this morning.
v $\frac{8,00}{\text{——}}$ a_1M (10) $\frac{11}{\text{—}}$ Li $\frac{26}{\text{—}}$ Ls $\frac{17000}{\text{——}}$ ÷ sp. nyst.

30/10: v $\frac{8,00}{\text{——}}$ a_1M (10) $\frac{9}{11}$

Readm. 28/11-24.

Last week number of attacks, some with buzz. others without. Hearing unaltered by some, impaired after others; at times rotat. sensat. in the direction of the clock.

v $\frac{5,00}{20,00}$ v $\frac{1,00}{\text{Bá}}$ V $\frac{1,50}{\text{Bá}}$ a_1M (10) $\frac{11\frac{1}{2}}{12}$ a_1A (25) $\frac{13}{28}$ Li $\frac{36}{16}$ Ls $\frac{12000}{18000}$ R $\frac{\div}{+}$

Sp. nyst. → in all postures. Amylnitr. reinforced →.
Compress. of carotis and tragus, compr.-aspir. in ext. meatus: ÷. Romberg÷.
10 rot. $\frac{\rightarrow 35''}{\leftarrow 15''\ 18''}$ Calor. (18°) $\frac{30''\ ⇉ + \text{reversal}}{45''\ ⇇ + \text{reversal}}$ Calor. 45° $\frac{30''\ ⇇ + \text{reversal}}{\text{——}}$

30/11: Much perspir. after pilocarp. Attack of giddn. this morning. Nyst. $\overset{\rightarrow}{\searrow}$
10 o'clock: Another severe attack with rotat. sensat. against the clock. ÷ buzz. Back posture strong ⇇, unaltered in sidepostures. v $\frac{aa}{aa}$

1/12 12 o'clock: Severe attack with rotat. sensat. to l. Nyst. observed. Feels best when in r. side posture. Amylnitr. increas. nyst., decreas. again during fading.

3/12: Attack with ⇇. Adrenalin given. Giddn. less. v $\frac{aa}{\text{Bá}}$
Nyst. unaltered.

6/12: Attack this morning. Feeble ⥹.

7/12: Attack.

8/12: v $\frac{9{,}00}{\text{——}}$ a_1M (10) $\frac{11}{\text{—}}$ a_1A (25) $\frac{10\frac{1}{2}}{\text{——}}$ Li $\frac{36}{\text{—}}$ Ls $\frac{12000}{\text{——}}$ Discharged.

8/1-25: Several attacks since leaving hosp.

v $\frac{10{,}00}{\text{——}}$ Li $\frac{36}{\text{—}}$ Ls $\frac{13500}{\text{——}}$

4/3: No attack for 1 ½ months, but unsteady in the mornings.

15/5-26: Feels well. Only one attack in one year. ÷ buzz. Height 172. Weight 79. Bloodpr. 100.

v $\frac{0{,}50}{20{,}00}$ a_1M (10) $\frac{12}{15}$ a_1A (25) $\frac{7}{24}$ Li $\frac{60}{22}$ Ls $\frac{15500}{17000}$ Catheteriz., l. sided stenosis.

½ hr. later. v $\frac{1{,}25}{\text{——}}$ Li $\frac{45}{\text{—}}$

19/5: v $\frac{0{,}30}{\text{——}}$ L. sided buzz. L. sided stenosis.

9/8: Pressure on r. ear, esp. in warm weather. ÷ buzz. ÷ headache. 3 attacks of giddn. in course of 2 months.

v $\frac{0{,}50}{20{,}00}$ a_1M (10) $\frac{5}{8}$ a_1A (25) $\frac{4}{13}$ Li $\frac{38}{15}$ Ls $\frac{15000}{16000}$ R $\frac{\div}{\div}$ R. sided stenosis.

20/8: v $\frac{0{,}40}{\text{——}}$ a_1M (15) $\frac{18}{17}$ a_1A (60) $\frac{10}{56}$ Li $\frac{45}{15}$ R. sided stenosis. Weight 77.

Rp. Diet with reduced salt.

24/9: Giddn. and r. sided buzz.

v $\frac{2{,}00}{20{,}00}$ a_1M $\frac{20}{15}$ a_1A $\frac{62}{64}$ Li $\frac{90}{18}$ Ls $\frac{14000}{13000}$ Sp. nyst. ⥹, unaltered in different head postures. R. sided stenosis. Pt. has cold in head. Feels best in r. side posture.

27/9: v $\frac{3{,}00}{\text{——}}$ a_1M $\frac{18}{\text{—}}$ a_1A $\frac{15}{\text{—}}$ Li $\frac{90}{\text{—}}$ R. buzz.

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11/10: v $\frac{8{,}00}{20\ 00}$ a_1M $\frac{18}{\text{—}}$ a_1A $\frac{14}{56}$ Li $\frac{32}{15}$ W ↓ R $\frac{\div}{\text{—}}$ Catheteriz. passes freely.

15/10: v $\frac{12{,}00}{12{,}00}$ a_1M $\frac{18}{15}$ a_1A $\frac{15}{60}$ Li $\frac{30}{15}$ W ↓ R $\frac{\div}{\text{—}}$ Buzz. since 27/9.

1/11: Several slight attacks of giddn. with vomit. during last few days. ÷ buzz.; thinks he hears better after attack.
Sp. nyst. →, later on ⥿. Inconsiderable buzz. Weight 79. ÷ stenosis.

v $\frac{8,00}{20,00}$ $a_1M\frac{18}{17}$ $Li\frac{36}{16}$ Rp. Tabl. Agurini ctgr 50 × 3.

8/11: v $\frac{8,00}{---}$ $a_1M\frac{17}{15}$ $a_1A\frac{13}{60}$ $Li\frac{36}{16}$ Sp. nyst. ↙

15/11: Copious diuresis and also diarrhoea; severe cold; feels unsteady.
v $\frac{1,00}{---}$ $a_1M\frac{18}{---}$ $a_1A\frac{8}{-90}$

22/11: v $\frac{1,00}{20,00}$ $a_1M\frac{21}{21}$ $a_1A\frac{12}{62}$ $Li\frac{36}{---}$ $Ls\frac{14000}{---}$
Sep. Diet with reduced salt. Agurin.

29/11: $\frac{aa-1,00}{20,00}$ $a_1M\frac{18}{18}$ $a_1A\frac{11}{---}$ $Li\frac{90}{---}$ Bloodpr. 105. Weight 78,25. Sp. nyst. ↙.

6/12: Violent attack 2 days ago.
v $\frac{> 6,00}{---}$ $a_1M\frac{20}{19}$ $a_1A\frac{15}{---}$ $Li\frac{40}{---}$

13/12: v $\frac{10,00}{20,00}$ $a_1M\frac{18}{16}$ $a_1A\frac{10}{52}$ $Li\frac{32}{18}$ $Ls\frac{16552}{16552}$ $R\frac{\div}{---}$ Feels well.

3/1-27: v $\frac{2,0—8,00}{20,00}$ $a_1M\frac{18}{16}$ $a_1A\frac{10}{52}$ $Li\frac{28}{18}$ $Ls\frac{15624}{17536}$ $R\frac{\div}{---}$ Weight 78,5. Feels well.

17/1: $\frac{10,0—20,00}{20,00}$ $a_1M\frac{17}{16}$ $a_1A\frac{12}{51}$ $Li\frac{32}{18}$ $Ls\frac{14000}{15500}$ $R\frac{\div}{---}$ Bloodpr. 95. Feels well.

7/2: v $\frac{3,00}{20,00}$ $a_1M\frac{17}{16}$ $a_1A\frac{19}{52}$ $Li\frac{36}{15}$ $Ls\frac{15500}{17500}$

21/2: v $\frac{8,00}{20,00}$ $a_1M\frac{18}{16}$ $a_1A\frac{10}{52}$ $Li\frac{32}{15}$

7/3: v $\frac{10,00}{20,00}$ $a_1M\frac{17}{16}$ $a_1A\frac{10}{50}$ $Li\frac{28}{15}$ $Ls\frac{16000}{17000}$ Feels well.

28/3: v $\frac{2,50}{20,00}$ $a_1M\frac{17}{21}$ $a_1A\frac{17}{70}$ $Li\frac{55}{18}$ $Ls\frac{15500}{16000}$ Bilat. cold in head.
Unsteady. Sp. nyst. ↙. Weight 79,5.

25/4: Felt well until to-day when he felt a little unsteady.
v $\frac{0,50}{1,25}$ $a_1M\frac{14}{16}$ $a_1A\frac{10}{65}$ $Li\frac{55}{18}$ $Ls\frac{15500}{17000}$

1/8: Has cold and feels unsteady. R. sided impermeable stenosis. Quite feeble ↶ ↓. Weight 80,5.
v $\frac{1,0—2,00}{20,00}$ $a_1M\frac{16}{16}$ $a_1A\frac{12}{55}$ $Li\frac{60}{16}$ $Ls\frac{16000}{18000}$

8/5: v $\frac{1,0—6,00}{20,00}$ $a_1M\frac{19}{—}a_1A\frac{12}{56}$ Li $\frac{40}{16}$ Ls $\frac{16000}{17000}$ Feels well ÷ stenosis.

29/8: v $\frac{14,00}{20,00}$ $a_1M\frac{17}{20}a_1A\frac{15}{52}$ Li $\frac{32}{15}$ Ls $\frac{16000}{17000}$

5/9: ÷ nyst. Weight 79,25. ÷ stenosis. Unsteady.
Rp. Reduced fluids (600 gr).

12/9: v $\frac{0,50}{20,00}$ $a_1M\frac{13}{16}a_1A\frac{10}{52}$ Li $\frac{36}{15}$ Ls $\frac{17000}{17000}$
Still giddy. Sp. nyst. ↙. Weight 79,2.

No. 67. M. born 1858.

Father probably asthma, died when 62. No. 2 of 3 children, of whom one has had ischias.

Pt. is of the opinion that his hearing has never been quite sharp. Never discharge from ears or pain. For many years tendency to giddn. with vomit., but without impaired hearing. Buzz. in r. ear 3 weeks prior to adm. Severe attack of giddn. accomp. by vomit. and diarrhoea 4 days ago and again the day before adm.

Suff. from rheumatism. Has speculated largely for past year. Smokes a great deal (3 cigars + 30 to 40 cigarettes a-day).
Adm. Mun. Hosp.'s Ear Dept. 11/10-17.

Plethoric. Considerable arcus senil. Temporal arterias tortuous, radial arteries without rigidity.

v $\frac{1,00}{3,00}$ Stenosis of r. tuba. After catheteriz.: v $\frac{1,00}{8,00}$ A little later: v $\frac{3,00}{8,00}$
Rp. Infus. valer. brom. 1 table spoon × 3.

14/10: Severe attack of giddn. yesterday, without change of deafness or buzz. On looking to r. ↖.

15/10: Aures s. et d.: Norm. (see however below). Pharynx: Diffuse hyperemia.

v $\frac{1,00}{6,00}$ V $\frac{5,00}{——}$ a_1M (?) $\frac{4}{15}$ a_1A (?) $\frac{15}{45}$ Ls $\frac{11048}{13140}$ R $\frac{0}{+}$ W. = Schwabach somewhat shortened.

17/10: Severe attack of giddn. yesterday accomp. by vomit. and motion 4 times, also buzz. Strong sp. nyst. ← observed simult.

18/10: Bloodpr. 115.

25/10: Another attack which lasted 3 hours. Sep. Inf. valerian. brom.

28/10: Sleeps badly. Worrying about his business. Obstipation.

1/11: Subcut. tissue on back of neck tender and much infiltr. Underlying muscles hard and strained. Moves the head with difficulty. No infiltr. in forehead or in galea. Rp. Massage.

2/11: Hemorrhoidal troubles.

6/11: No attack for 18 days. Pt. can better bear turning his head. Sound in r. ear, like a grate being slammed. Const. obstip.

16/11: Perfectly well. Passage good in r. tuba. Discharged.

Sept. 1927. Has given up his business and moved to the country; feels much better. Not chilly. Attacks now rare and slight. Inconsiderable r. sided buzz. now and then, also a little in l. ear. Rheumatism in occiput and shoulders. Normal consumpt. of fluids and salt.

Aur. d.: Manubr. perpendcl., retracted. Aur. s.: Membr. much retracted.

$$v\,\frac{0{,}50}{4{,}00}\,a_1M\,\frac{14}{12\frac{1}{2}}\,a_1A\,\frac{31}{52}\,Li\,\frac{36}{32}\,Ls\,\frac{11500}{11500}\,R\,\frac{+}{+}\,W\,\downarrow .$$

Bloodpr. 155. No rigidity of the peripheral arteries. ÷ tubal stenosis to-day. Slight exophthalmus. ÷ struma.

No. 68. M. born 1872.

Father died when 79 of arterioscl. Mother living, 83 years old. No. 2 of 4 children. The eldest died of pneumonia, had had rheum. fever. One sister nervous; a brother deaf. Tubercl. on mother's side.

Angina frequently as a child, once abscess in throat. Tonsillotomy when a child. At Øresunds Hosp. in 1910 for tub. pulm., again in 1913 and after that at Boserup Sanat.; albuminuria at same time. No pulmonary symptoms now, excepting slight shortness of breath. Since 1906—07 typical migraine, lasting about ½ hr., appear. at intervals from 4 days to some months.

Buzz. on l. side in 1912, treated with catheteriz., later bilat., varying.

Since 1922 attacks of giddn. with long intervals, worst in spring, least frequent after summer holiday. Attacks more frequent since 1926; feels so unsteady in between that she dare not go out alone. Buzz. increas. in bad periods, worst when pt. lies down. Never noticed impaired hearing. ÷ hyperaesthesia acust. ÷ pressure on ears.

Lumbago several times, treated with massage and baths. ÷ paraesthesia. ÷ vasomotor. rhinit. Extr. cold. Great lassitude in bad periods and pressure in occiput. Diarrhoea formerly, esp. when worried; no gastro-intest. symptoms now. ÷ asthma. ÷ urticaria. ÷ eczema. Small consumpt. of salt and fluids. Perspires normally.

Adm. Dept. VI. Diagn. here: Mb. Menièri. Mb. cordis? Tub. pulm. antea. Hemicrania. W. R. ÷. Hemoglb. 105. Bloodpr. 120. Ophthalmoscopy: Astigmat., myopia and insuff. of converg.; back ground normal; movements free.

22/7: Exam. Ear Policl.

Aures: Membr. slightly retracted, atrophic, without lustre, numerous fibrous areas. $v\,\frac{6{,}00}{3{,}00}$

Sp. lively nyst. ⇄ indep. of head postures. Amylnitr.: Nyst. decreases at first, then ↓ and finally single beat ⇆. Buzz. unaltered.

Transf. to Ear Dept. 26/7-27. Height 175. Weight 80.

Stet. cord.: Slight syst. disson. over aorta. ÷ subcut. infiltr. Romberg ÷. Stands fairly steadily on one leg. Sp. nyst. ⇄.

5 rot. $\frac{\rightarrow \text{ merges into sp. nyst.}}{\leftarrow 40''}$

$$v\,\frac{20{,}00}{3{,}00}\,a_1M\,\frac{16}{16}\,a_1A\,\frac{44}{33}\,Li\,\frac{16}{16}\,Ls\,\frac{15000}{13500}$$

27/7: Sp. nyst. ⇄. Compress. of carotis and tragus, compr. and aspir. in ext. meatus: ÷.

$$v\,\frac{20{,}00}{0{,}75—1{,}50}\,a_1M\,\frac{12}{15}\,a_1A\,\frac{43}{33}\,Li\,\frac{17}{19}\,Ls\,\frac{15000}{11000}$$ Hemoglb. 103,4.

Tubæ imperm. Rp. Reduced salt and fluid (gr 600). Gymnastics. Salt baths.

2/8 $$v\,\frac{20{,}00}{0{,}50—1{,}50}\,a_1M\,\frac{14\,½}{17}\,a_1A\,\frac{41}{35}\,Li\,\frac{16}{16}\,Ls\,\frac{15000}{15000}$$ ÷ stenosis.

6/8: Headache in temples. Sp. nyst. ⇄.

9/8: $$v\,\frac{20{,}00}{1{,}50—20{,}00}\,a_1M\,\frac{12}{16\,½}\,a_1A\,\frac{35}{38}\,Li\,\frac{16}{16}\,Ls\,\frac{14000}{13000}$$ Feeble ⇄.

17/8: Const. buzz. Rheumatic pains in l. leg, shoulder, thumb and in occiput. No tenderness or infiltr.

18/8: $$v\,\frac{20{,}00}{0{,}5—8{,}00}\,a_1M\,\frac{11}{8}\,a_1A\,\frac{30}{46}\,Li\,\frac{21}{21}\,Ls\,\frac{14000}{14000}$$ Considerable buzz. in l. ear. Bloodpr. 130.

23/8: Has had migraine a couple of times with zig-zag stripes on the l. eye. Without headache since being in hosp.

25/8: $$v\,\frac{20{,}00}{4{,}0—20{,}00}\,a_1M\,\frac{15}{13}\,a_1A\,\frac{36}{35}\,Li\,\frac{21}{21}\,Ls\,\frac{14000}{14000}$$ Less buzz. Sp. nyst. ↘,

30/8: $$v\,\frac{20{,}00}{20{,}00}\,a_1M\,\frac{15}{13}\,a_1A\,\frac{35}{35}\,Li\,\frac{16}{16}\,Ls\,\frac{14000}{14000}$$ Sp. nyst. ↘.

10/9: Weight 75,45. Diuresis good. Discharged.

27/9: Very hypochondriacal. Distinct nyst. ↘,

No. 69. F. born 1880.

Parents healthy. A sister mb. mental.

Pt. has worked hard from her 11th to her 42nd year, and has always felt well, excepting for a slight bleeding from bowels in connect. with a confinement. Menses always regl. 3 normal births.

Began to feel unwell in 1921, with shortness of breath, attacks of sweating and buzz. in both ears, esp. in l. When buzz. is worst pressure in whole head, paraesthesies in fingers and numbness about r. ear irradiating to cheek and nose. Unsteady at same time; afraid to look aside as she then becomes seasick; for same reason afraid to read; often nausea, a single time vomit.

Feels worst at night and in the morning; condition improves when she has been up a couple of hours. Feels dead tired; chilly; cold extr., often headache. ÷ urticaria. ÷ eczema. Does not think there is anything wrong with her ears. ÷ vasomotor rhinit. When this state of affairs had gone on for a year, pt. gave up her work and was adm. to Mun. Hosp. Deptm. VI and has been under hospital treatment ever since.

5 times at Dept. VI, once at Dept. II (med.), once at Sundby Hosp. (surg.), twice at Bispebjerg Hosp. (med.), once at Baldersgade Hosp. (med.) under diagnoses as neurasthenia permagna, emphysema, bronchitis, myalgia dorsi, mb. Menièri.

Case books give: Ophthalmoscopy norm. Lumbal puncture: Cells 10/7, alb. 7, glob. 0. W R ÷. Bloodpr. 125. Hemoglb. 96—102. Neurol. exam. ÷. No gastro-instest. sympt.

Exam. Ear Policl. 9/11-23: v $\frac{4{,}00}{3{,}00}$ No vestibl. abnorml.

21/1-26: v $\frac{20{,}00}{18{,}00}$ a_1M (10) $\frac{9}{7}$ a_1A (25) $\frac{17}{19}$ Li $\frac{19}{19}$ Ls $\frac{17000}{17000}$ No vestibl. abnormlt. Converg. spasme.

Adm. Ear Dept. 2/7-27. Height 163. Weight 68,7.

Extremely nervous and hypochondriacal.

Subcut. infiltr. in usual places, myalgic changes in muscles of the back part of the neck.

Aures: Slight retract., esp. on r. side. Cav. nasi: Hypertr. of l. concha inf. and r. operculum.

v $\frac{20{,}00}{0{,}50—10{,}00}$ a_1M $\frac{11}{7}$ a_1A $\frac{32}{25}$ Li $\frac{22}{24}$ Ls $\frac{15000}{15000}$

Distinct sp. nyst. ↻↓. Amylnitr.: increased ↻;

5/7: Salyrgan expm. No. 13. (Vol. I, pag. 47).

8/7: Rp. Massage. Scotch douche. Diet with reduced salt.

9/7: v $\frac{20{,}00}{0{,}50—10{,}00}$ a_1M $\frac{12}{4}$ a_1A $\frac{35}{22*}$ Li $\frac{18}{36}$ Ls $\frac{15000}{14000}$ (*only heard as buzz).

15/7: v $\frac{20{,}00}{1{,}50—20{,}00}$ a_1M $\frac{11}{8}$ a_1A $\frac{41}{29}$ Li $\frac{19}{24}$ Ls $\frac{13000}{13000}$ Hemoglb. 101,2.

3 rot. $\frac{\rightarrow 10''}{\leftarrow 10''}$

22/7: $a_1M\frac{13}{6}a_1A\frac{41}{31}Li\frac{18}{32}Ls\frac{12000}{13000}$ Hemoglb. 94,6.

29/7: $a_1M\frac{13}{7}a_1A\frac{45}{19}Li\frac{16}{23}Ls\frac{14000}{10000}$ ÷ sp. nyst. Compr. of tragus and carotis ÷.

2/8: $v\frac{20,00}{0,30—2,00}a_1M\frac{12\frac{1}{2}}{7}a_1A\frac{35}{20}Li\frac{16}{30}Ls\frac{15000}{15000}$ Tubæ free.

16/8: Salyrgan expm. No. 14. (Vol. I, pag. 47). Bloodpr. 108.
Discharged.
Readm. 29/8-27.

Attack of giddn. some hours after adm., followed by several attacks of vomit. During attack feels best in l. side posture.

÷ nyst. in back and r. side posture; in l. side posture: Dubious ⥹. Is very much upset.

Rp. Diet with reduced salt and fluid (gr 500). Massage.

6/9: $v\frac{20,00}{1,0—8,00}a_1M\frac{15}{6}a_1A\frac{30}{20}Li\frac{16}{32}Ls\frac{16000}{15000}$

15/9: $v\frac{20,00}{2,0—10,00}a_1M\frac{15}{7}a_1A\frac{38}{28}Li\frac{15}{23}Ls\frac{15000}{15000}$

16/9: Distinct ⥹ ↓.

20/9: Feeble ⥲.

21/9: $v\frac{20,00}{20,00}a_1M\frac{14}{9}a_1A\frac{24}{24}Li\frac{15}{24}Ls\frac{16000}{16000}$

25/9: Slight asthmatic attack to-day.

26/9: Cannot lie on her r. side as she gets nausea and becomes giddy.

28/9: Coughs and expectorates mucopurulent lumps.

29/9: Stet. pulm.: Diffuse ronchi on both post. surfaces.

14/10: Toothache. Loose molar in r. lower jaw.

15/10: Neuralgia on r. side of head.
Diuresis good. Discharged.

No. 70. M. born 1873.

Healthy family. Never discharge from ears. Influenza in 1919. Slight pleurisy in 1921. Increasing deafness on r. ear for many years. Since spring 1924 attacks of giddn. lasting about ½ hr. with nausea, vomit. and headache; attacks appear at all times of the day. Slight r. sided buzz. indep. of attack. In same period often urticaria, but apparently without any connection with attacks. A little nervous.

Adm. Ear Dept. 22/9 24. Aures: Retract. of medium degree.

$$v\ \frac{0,15}{20,00}\ a_1M\ (10)\ \frac{6}{11}\ a_1A\ (25)\ \frac{11}{24}\ Li\ \frac{32}{20}\ Ls\ \frac{6000}{16000}\ W =$$

÷ sp. nyst. in the diff. head postures.

10 rot. $\frac{\rightarrow 25''}{\leftarrow 22''}$ Counterroll. 50° to r.: 7°, to l.: 5°.

L. pupil > r. Slight exophthalmus.

23/9: Calor. 18° $\frac{15''\ \overrightarrow{\curvearrowright} + \text{reversal}}{19''\ \overleftarrow{\curvearrowleft} + \text{reversal}}$

Ophthalmoscopy nat. L. pupil does not react to light but reacts to accomodation. ÷ sp. nyst. R. sideposture: Dubious ↙. L. side posture feeble ↘, rapidly decreasing. Sitting posture and forw. bend. ÷.

25/9: Now and then →. Rp. Inj. chl. pilocarp.

30/9: Lumb. punct.: Pressure 180, cells 0/3, alb. 10, glob. 0.

3/10: $v\ \frac{0,12}{20,00}\ V\ \frac{0,35}{Bá}\ a_1M\ (10)\ \frac{6}{11}\ a_1A\ (25)\ \frac{5}{20}\ Li\ \frac{34}{20}\ Ls\ \frac{8500}{16000}$

Counterroll. 50° to r.: 5 ½°, to l.: 5°. Discharged.

28/10: $v\ \frac{0,20}{——}\ a_1M\ (10)\ \frac{7}{—}\ a_1A\ (25)\ \frac{8}{—}\ Li\ \frac{26}{18}\ Ls\ \frac{8000}{16000}\ R\ \frac{\div}{\div}$ Feels well.

4/6-26: Felt well until February 1925, when attacks recommenced. ÷ headache. Bilat. buzz. now and then, most in r. ear.

Small consumpt. of fluids and salt. Not chilly. Very nervous.

$$v\ \frac{0,15}{20,00}\ V\ \frac{2,00}{Bá}\ a_1M\ (10)\ \frac{4}{7}\ a_1A\ (25)\ \frac{4}{23}\ Li\ \frac{60}{24}\ Ls\ \frac{4500}{16000}\ W\ \div.$$

÷ sp. nyst., l. sided stenosis.

¼ hr. later $v\ \frac{0,25}{——}\ a_1M\ (10)\ \frac{6}{7}\ a_1A\ (25)\ \frac{8}{24}\ Li\ \frac{45}{19}$ Feels releaved after catheteriz.

2/7: $v\ \frac{0,30}{20,00}\ V\ \frac{4,00}{——}\ a_1M\ (10)\ \frac{7}{8}\ a_1A\ \frac{7}{22}\ Li\ \frac{28}{22}\ Ls\ \frac{7500}{17000}$ Weight 72.

Treated with bougies on account of bilat. stenosis and feels releaved.

2/8: $v\ \frac{0,10}{——}\ V\ \frac{3,00}{——}\ a_1M\ (10)\ \frac{6}{8}\ a_1A\ (25)\ \frac{2}{16}\ Li\ \frac{36}{18}\ Ls\ \frac{6200}{——}$ Bloodpr. 90.

Const. r. sided stenosis. No buzz. for some time. Slightly giddy after catheteriz. on r. side.

No. 71. M. born 1874.

Family healthy.

In 1909 pt. fell backwards out of a car and struck the back of his head. Was unconscious for 2 days. Since then headache now and then. Formerly abus. spir.

Since summer 1926 contin. occipital headaches and frequent sudden attacks of giddn. ÷ unconsciousness. ÷ convulsions. Attacks last some

minutes, appear esp. on bend. forw. Often unsteady between attacks, swings from side to side. Never any buzz. Thinks hearing is good. ÷ vasomotor rhinit. Normal consumpt. of salt, considerable consumpt. of fluids. Not chilly. No gastro-intest. symptoms. ÷ urticaria. ÷ eczema. Perspires easily.

Adm. Mun. Hosp. Dept. VI 12/11-26 for vertigo. Lumb. punct.: Cells 3/7, alb. 11, glob. 0. Bloodpr. 140/80. W. R. ÷ in blood and spinal fluid. Ophthalmoscopy norm. Neurol. exam. ÷.

Examin. 20/11 in Ear Policl.

Aur. d.: Membr. dull, thickened, slightly milky, somewhat retracted. Aur. s.: Membr. retracted.

$$v\,\frac{12{,}00}{12{,}00}\;V\,\frac{20{,}00}{20{,}00}\;a_1M\frac{10}{14}\;a_1A\frac{25}{7}\;Li\,\frac{18}{24}\;Ls\frac{17000}{14000}\;R\,\frac{+}{\div}$$

Small jerks to r. and l. behind spectacles of Bartels.

$$10\text{ rot.}\;\frac{\rightarrow 60''}{\leftarrow 30''}\;\text{Calor. (18°)}\;\frac{\overset{\curvearrowright}{\rightarrow}+\text{ reversal}}{\overset{\curvearrowleft}{\leftarrow}+\text{ reversal}}$$

Transf. to Ear Dept. 23/11-26. Plethoric. Face and hands cyanotic. ÷ sp. nyst.

26/11: $v\,\frac{20{,}00}{20{,}00}\;a_1M\frac{16\,\frac{1}{2}}{17\,\frac{1}{2}}\;a_1A\frac{38}{30}\;Li\,\frac{\times}{\times}\;Ls\frac{16000}{17000}\;R\,\frac{+}{+}$ (× states he hears the unsounded tun. fork).

Sp. nyst. dubious; small jerks now to r. now to l., there seems to be a more pronounced slow phase to the right.

1/12: Rp. Euphyllin ctgr 20 × 3.

10/12: Headache better.

$$v\,\frac{20{,}00}{20{,}00}\;a_1M\,\frac{14\,\frac{1}{2}}{14}\;a_1A\frac{55}{40}\;Li\,\frac{\times}{\times}\;Ls\frac{17536}{16552}$$ (× states to hear unsounded tun. fork).

21/12: No headache for last 4 days, otherwise constant headache for 12 or 13 years.

$$v\,\frac{20{,}00}{20{,}00}\;a_1M\,\frac{14}{15}\;a_1A\,\frac{60}{60}\;Li\,\frac{18}{24}\;Ls\frac{17000}{14500}$$ Bloodpr. 125.

Diuresis copious, corresponding to intake. Discharged.

16/3-27: Perfectly well up to 3 weeks ago, when numerous short (14—15 mins) attacks, headache also reappeared, worst in the morning.

$$v\,\frac{20{,}00}{20{,}00}\;a_1M\,\frac{12}{11}\;a_1A\,\frac{60}{40}\;Li\,\frac{24}{24}\;Ls\frac{17000}{15000}$$ Bloodpr. 128.

Rp. Euphyllin ctgr 20 × 3.

26/8: Adm. Dept. VI on account of attacks of giddn.

No. 72. F. born 1876.

Memory has been bad for many years, often cannot remember, what she has gone out to get. Parents living, 79 years old. Mother paroxysms of headache when young. Mother's sister convulsions. No. 2 of 11 children,

of whom 2 are alive. One died when 23 from brain abscess; another died after ear operation; one died when 25 of cancer; one of tub. pulm.; 2 died in infancy.

7 children of first marriage, 4 of 2nd; besides 3 miscarriages. Husband and 5 children of first marriage died of tub. pulm., one child living has tub. pulm. Two of the 4 children of 2nd marriage suffer from headache.

Had broken chilblains on heels and toes as a child and in girlhood, was then very chilly. Has nervous headache with vomit. and such severe giddn. that she fell when she tried to get out of bed. Headache grew better, when pt.'s ear trouble began, but headaches still frequent. Never discharge from ears or pains. Operated on for gallstone 1913; »catarrh of bowel» some years previous. No gastro-intest. sympt. since oper. Rheum. pains here and there for many years. ÷ asthma. ÷ urticaria. ÷ eczema. ÷ vasomotor rhinitis.

Attacks of giddn. appear. in paroxysms for more than 23 years; often fallen in street and taken to hosp. Sometimes not quite clear during attacks, cannot always remember the course of the attack, for instance does not know that she has been brought into hosp. ÷ convuls. Never bit tongue or passed urine involunt. Frequent paraesthesies, like tingling sensat. in fingers or legs. Often unsteady in between attacks; always careful not to turn her head quickly, look up or bend down, as she then often falls. Wakes sometimes at night with attacks and vomit. Discovered accidentally 13 years ago that she could not hear a watch on r. ear. Since then, at periods, stone deaf, for instance for 3 months in 1919; constantly unsteady at that time. Has noticed, esp. formerly, that hearing improves immed. after attack of giddn.

Violent noises in both ears and whole head since 1914. Noise varies, but she is unable to give further account for a relation between hearing and attacks; hearing worst during menses, which has been somewhat irregl. since 1926. Gets suddenly hot and is congested. Perspires easily, contrary to formerly.

Frequently treated at Mun. Hosp.'s Dept. VI; diagnoses mb. mental. with period. depress. and neuritis n. acust. utriusque. Case book gives: W R ÷ in blood and spinal fluid on repeated examination.
Lumb. punct. (13/6-22): Cells 2/3, glob. 0, alb. 10 (12?). W R ÷.
Lumb. punct. (17/5-27): Cells 1/7, glob. 0. (1?), alb. 12 (13?) W R ÷.
Ophthalmoscopy ÷. Strabismus diverg. once observed. Neurol. exam. ÷.
Exam. in Ear Policl. 20/6-22. Aures: A slightly retracted part in centre on l. side, membr. otherwise norm.

$$v\ \frac{0}{0{,}50}\ V\ \frac{0}{-}\ a_1M\ (10)\ \frac{}{4}\ a_1A\ (25)\ \frac{}{10}\ Li\ \frac{}{55}\ Ls\ \frac{\div M}{12400}$$

Vestibl. reactions rather sluggish but otherwise normal.

1925: $v\ \frac{0}{0{,}30}\ V\ \frac{0}{2{,}00}\ a_1M\ (10)\ \frac{}{6}\ a_1A\ (25)\ \frac{}{11}\ Li\ \frac{}{32}\ Ls\ \frac{\div M}{11500}$

÷ sp. nyst. Calor. 18° $\frac{40'' \rightleftarrows + \text{reversal}}{15'' \leftleftarrows + \text{reversal}}$

25/5-27: v $\frac{0}{0{,}30}$ a_1M (10) $\frac{}{6}$ a_1A (25) $\frac{}{11}$ Li $\frac{}{55}$ Ls $\frac{\div M}{12500}$ W ↓

Sitting posture ↘. Headbend. to r. ↘. Headbend. to l. ↘.

Calor. (18°) $\frac{25'' \leftleftarrows + \text{reversal}}{15'' \rightleftarrows + \text{reversal}}$

Adm. Ear Dept. 24/5-27. Height 164. Weight 80. Bloodpr. 150.

Aures: Otoscopy as before.

5 rot. $\frac{\rightarrow 12''}{\leftarrow 8''}$

28/5: Sp. nyst. ↘.

Salyrgan expm. No. 15. (Vol. I, pag. 48).

29/5: Rp. Reduced fluids (600 gr).

1/6: v $\frac{0}{0{,}20—0{,}40}$ a_1M $\frac{0}{0}$ a_1A $\frac{11}{24}$ Li $\frac{90}{24}$

3/6: No hearing on r. ear with alarum apparatus in l. ear.

4/6: v $\frac{}{0{,}20—0{,}40}$ V $\frac{aa}{Bå}$ a_1M $\frac{0}{0}$ a_1A $\frac{8}{24}$ Li $\frac{\geq 150}{30}$ Ls $\frac{6000}{14000}$

L. sided buzz. Sp. nyst. ⇄↘, unchanged in side posture. On bend. forw. ÷ nyst.

Amylnitr. ⇇ during flush. Compr. of carotis ÷.

5/6: Salyrgan expm. No. 16. (Vol. I, pag. 48).

Hardly any giddn.; inconsiderable buzz.

v $\frac{0}{0{,}10}$ V $\frac{aa}{2{,}50}$ a_1M $\frac{0}{0}$ a_1A $\frac{8}{18}$ Li $\frac{55}{22}$ Ls $\frac{\div M}{14000}$ Rp. Fluids 500 gr. Massage.

10/6: v $\frac{0}{0{,}05—0{,}10}$ V $\frac{}{2{,}50}$ a_1M $\frac{0}{0}$ a_1A $\frac{7}{19}$ Li $\frac{90}{24}$ Ls $\frac{7000}{14000}$ Hemoglb. 83,6.

11/6: Giddn. and vomit. last night.

v $\frac{}{0{,}40}$ a_1M $\frac{0}{0}$ a_1A $\frac{10}{25}$ Li $\frac{90}{24}$ Ls $\frac{7000}{14000}$ Hemoglb. 98.

13/6: v $\frac{0}{0{,}10}$ a_1M $\frac{0}{0}$ a_1A $\frac{8}{22}$ Li $\frac{110}{24}$ Ls $\frac{\div M}{14000}$ Hemoglb. 94,6.

14/6: v $\frac{0}{0{,}10}$ a_1M $\frac{0}{0}$ a_1A $\frac{0}{18}$ Li $\frac{\geq 150}{36}$ Ls $\frac{7000}{14000}$ Hemoglb. 99. Weight 76,7.

16/6: v $\frac{0}{0{,}10—0{,}20}$ a_1M $\frac{0}{0}$ a_1A $\frac{8}{18}$ Li $\frac{140}{24}$ Ls $\frac{7000}{14000}$ Weight 76,8.

20/6: v $\frac{0}{0{,}10}$ a_1M $\frac{0}{0}$ a_1A $\frac{9}{20}$ Li $\frac{\geq 150}{30}$ Ls $\frac{\div M}{12000}$ V $\frac{}{10{,}00}$ Bloodpr. 135. Hemoglb. 92,4.

22/6: $v\frac{}{0{,}6—1{,}00}\ a_1M\frac{vbr.}{vbr.}\ a_1A\frac{12}{26}\ Li\frac{90}{22}\ Ls\frac{8000}{13000}$ Giddn. and vomit. last evening.

Hearing improved immed. after.

24/6: $v\frac{0}{0{,}20}\ a_1M\frac{0}{0}\ a_1A\frac{8}{13}\ Li\frac{100}{24}\ Ls\frac{6000}{14000}$ Hemoglb. 85.

27/6: $v\frac{0}{0{,}10—0{,}20}\ V\frac{aa—0{,}20}{14{,}00}$ Bá $a_1M\frac{0}{0}\ a_1A\frac{0}{20}\ Li\frac{>150}{34}\ Ls\frac{6000}{14000}$

Severe l. sided buzz. and l. sided headache. Hemoglb. 90,2.

28/6: One attack of giddn. last evening with cold hands and congest. Hearing improved immed. after attack as formerly.

$v\frac{}{0{,}20—0{,}75}\ V\frac{0{,}10}{20{,}00}\ a_1M\frac{vbr.}{vbr.}\ a_1A\frac{10}{26}\ Li\frac{90}{26}\ Ls\frac{5500}{12000}$

5/7: Salyrgan expm. No. 17. (Vol. I, pag. 49).

9/7: After having been free for several days again severe buzz. Discharged.

Diuresis good. ÷ stenosis.

23/7: $v\frac{}{0{,}30}\ a_1M\frac{0}{0}\ a_1A\frac{7}{15}$ Weight 74,2.

4/8: $v\frac{}{0{,}50}\ a_1M\frac{vbr.}{vbr.}\ a_1A\frac{11}{25}\ Li\frac{100}{32}\ Ls\frac{6000}{13000}$ No buzz. since discharge.

11/8: $v\frac{}{0{,}50}\ V\frac{0{,}10}{20{,}00}\ a_1M\frac{0}{0}\ a_1A\frac{5}{21}\ Li\frac{110}{36}\ Ls\frac{6000}{11000}$ Weight 73,2.

18/8: $v\frac{0}{0{,}10—0{,}20}\ a_1M\frac{0}{0}\ a_1A\frac{0}{21}\ Li\frac{90}{30}\ Ls\frac{6000}{13000}$ Sp. nyst. ↘ ↓

Violent noise again in both ears.

23/8: Less giddy, less buzz.

27/9: Feels well. ÷ buzz.

8/10: Stenosis on l. side. Rp. Catheteriz.

No. 73. F. born 1892.

Mother died in confinement. Father heart trouble and bronchitis. Died when 56. — Only child.

Adenotomy when 11. Appendectomy when 14. Never discharge from ears or pains. Slightly rheumatic. ÷ vasomotor rhinit. Cannot stand cold baths, chilly. Normal consumpt. of fluids and but small consumpt. of salt.

Tired, nervous and slightly depressed since 1923, often headache. Summer 1925 attack of giddn. with impaired hearing on r. ear. Sp. nyst. observed then ⇄. $v\frac{1{,}00}{}$ Treated with pilocarpin, after which condition improved for a time.

Jan. 1927 tired again, depressed and unsteady esp. in turning from l. to r. in bed, or on bend. backw. A little r. sided buzz. No informat. as to relat. between buzz., hearing and attacks of giddn. Menses regl. 2 norm. births.

Mun. Hosp. Ear Policl. 4/2-27. Height 151. Weight 60. W. R. not performed. Aures: Membr. translucent, distinct art. inc.-stap.

$$v\,\frac{20{,}00}{20{,}00}\,a_1M\,\frac{13}{12}\,a_1A\,\frac{58}{60}\,Li\,\frac{22}{19}\,Ls\,\frac{18000}{18000}\,\div \text{ buzz.}$$

11/2: $v\,\frac{20{,}00}{20{,}00}\,a_1M\,\frac{13}{13}\,a_1A\,\frac{45}{52}\,Li\,\frac{18}{18}\,Ls\,\frac{18000}{18000}$ Sp. nyst. ↗. Hemoglb. 72.

Rp. Tabl. ferr. reduct. ctgr 25 × 3.

14/3: Feels very much better.
Traces of ↗⇄. Weight 59.

25/5: Feels well. ÷ buzz. ÷ giddn. Bloodpr. 109. Hemoglb. 88.
Sp. nyst. ↗⤳.

No. 74. F. born 1887.

Mother deaf on one ear, otherwise no famil. dispos. — Diphtheria twice as child, angina several times. Dispos. to purulent cold in head and vasomotor rhinit. Chilly; extrm. cold. Tendency to chilblains. Eczema now and then, often irritation of skin. Small consumpt. of salt, considerable consumpt. of fluids.

Menses regl., sparing; ÷ molimina. Obstipation. Treated in Mun. Hosp. in 1919 for rheumatism and catarrhalia. 1921 tonsillectomi.

1923 severe hammering in r. ear; was in bed and felt poorly, but no actual attack of giddn. Since then short attacks of giddn. now and then, once obliging her to keep in bed for 6 days.

Apoplectiform attack of giddn. summer 1926; another attack two months later. Tendency to fall to l., since felt unsteady. Thinks hearing is all right. Bilat. buzz. now and then. Knows nothing of relat. between giddn. and buzz. Often frontal headache. Tired.
Mun. Hosp. Ear Policl. 31/5-26. Height 151. Weight 61.
Aur. d.: Slight retraction. Aur. s.: Maximum retraction.
Sp. nyst. ↓ in all postures. R. side posture also: ⤺.

$$v\,\frac{>3{,}00\,*}{>3{,}00\,*}\,a_1M\ (22)\,\frac{12}{11}\,a_1A(105)\,\frac{70}{72}\,Li\,\frac{24}{20}\ (*\text{pt. in bed}).$$

Typical large tender infiltr. on arms, back, crura and femora.

1/6: $v\,\frac{<20{,}00}{20{,}00}\,a_1M\ (10)\,\frac{7}{7}\,a_1A\ (25)\,\frac{17}{19}\,Li\,\frac{22}{17}\,Ls\,\frac{17500}{18000}\,\div$ sp. nyst.

3/6: $v\,\frac{20{,}00}{20{,}00}\,a_1M\ (10)\,\frac{7}{7}\,a_1A\ (25)\,\frac{20}{30}\,Li\,\frac{24}{19}\,Ls\,\frac{16500}{16500}$ L. sided stenosis.

4/6: $v\,\frac{20,00}{20,00}\,a_1M\ (10)\,\frac{10}{7}\,a_1A\ (45)\,\frac{15}{17}\,Li\,\frac{24}{21}\,Ls\,\frac{17000}{16500}$ Fell this morning on looking to l.; did not feel giddy. Sp. nyst. ⥀. Distinct stenosis on r. side.

10/6: ÷ stenosis. Hemoglb. 90.
Rp. Massage. Scotch douche. Gymnastics.

2/7: $a_1M\ (10)\,\frac{11}{11}\,a_1A\ (25)\,\frac{28}{30}$ Discharged for recreation.

30/7: Feels well. Slight frontal headache. Sp. nyst. ↜, also on bend. hard to r.

$v\,\frac{20,00}{20,00}\,a_1M\ (10)\,\frac{6}{6}\,a_1A\ (25)\,\frac{17}{15}\,Li\,\frac{28}{24}\,Ls\,\frac{14748}{15624}$ Bilat. impermeable stenosis.

2/3: Catheter can hardly pass.

12/8: ÷ sp. nyst. Weight 63. Bloodpr. 135.

$v\,\frac{20,00}{20,00}\,a_1M\,\frac{13}{14}\,a_1A\,\frac{57}{52}\,Li\,\frac{19}{19}\,19\,\frac{14000}{13000}$

16/6-27: Slight bilat. buzz. now and then, also slightly giddy on looking down; slight pressure over eyes. Slight pricking sensat. in l. ear. Bloodpr. 140.

$v\,\frac{\text{hardly } 20,00}{20,00}\,a_1M\,\frac{8}{7}\,a_1A\,\frac{35}{45}\,Li\,\frac{24}{20}\,Ls\,\frac{17000}{17000}$ Sp. nyst.: ↜

2/7: 5 rot. $\frac{\rightarrow 8''}{\leftarrow 12''}$ Amylnitr. ÷. Weight 63,7.

No. 75. M. born 1880.

Mother typical migraine, died at 56 of bloodpoisoning. Father died at 85 of cancer, dispos. to epistaxis. Famil. dispos. to rheumatism in joints and to chillblains. No. 5 of 7 children of whom 5 are dead, one of apoplexia, one of poisoning, one in infancy, one by suicide.

Bronchitis as a child. Always vasomotor rhinit., frequent chilblains, always cyanosis of nose and ears, fingers often numb and white, extrm. cold; not chilly. ÷ urticaria. Idiosyncrasy against medinal, gets rash in mouth, lips swell. Considerable consumpt. of fluids, small consumpt. of salt. Often severe lassitude with bad memory. + obstipat. Always frontal headache. An acute, short suppuration from r. ear in 1920. 1923 septum resect., after which headache better for a short time; no effect upon the vasomotor rhinitis.

Hearing varying for several years. Buzz. now and then, esp. after aspirin. Often feels a little giddy during more severe attacks. Sp. nyst. observed repeatedly →.

Mun. Hosp. Ear Policl. Dec. 1926. Height 174. Weight 80,5. Bloodpr. 90. Aur. d.: Membr. slightly retracted with small scar. Proc. br. project. Aur. s.: Retract. ÷ sp. nyst.

$$v\ \frac{\text{hardly } 20{,}00}{20{,}00}\ a_1M\ \frac{13}{15}\ a_1A\frac{45}{55}\ Li\ \frac{30}{24}\ Ls\frac{13500}{15500}$$

16/3: Attack of giddn. 4 days ago. Nose stopped up and cold in head, very deaf, cannot hear conversat. Inconsiderable buzz.

$$v\ \frac{aa}{1{,}00}\ a_1M\ \frac{8}{10}\ a_1A\frac{18}{38}\ Li\ \frac{45}{58}$$ Bilat. stenosis.

21/3: Slight giddn. Distinct tenderness of r. proc. mast. with dubious infiltr.

28/3: Buzz. Giddn. ÷ sp. nyst. Amylnitr.: Feeble →. Hemoglb. 85. Bloodpr. 105.

7/7: Const. giddy. Sp. nyst. →. Salyrgan expm. No. 69. (Vol. I, pag. 70).

$$v\ \frac{\text{hardly } 20{,}00}{20{,}00}\ a_1M\ \frac{12}{13}\ a_1A\frac{40}{49}\ Li\ \frac{28}{26}\ Ls\frac{15000}{17000}$$

19/7: Sp. nyst. ÷. 3 rot. $\frac{\rightarrow 31''}{\leftarrow 10''}$

26/10: $v\ \frac{aa}{0{,}50—1{,}00}\ a_1M\ \frac{5}{6}\ a_1A\frac{10}{27}\ Li\ \frac{90}{40}\ Ls\frac{14000}{16000}$ ÷ tubal stenosis.

No. 76. F. born 1908.

Father's family healthy. Mother frequent headaches, short of breath, now and then heart attacks, has had bronchitis. Mother's maternal aunt deaf from her 21st year.

Only child. Often frontal headache, uniform on both sides. Urticaria when 13. Adenotomia when 14 on account of left sided buzz.; disapp. after operation. Jaundice when 15. No gastro-intest. symptoms. ÷ rheumatism. Normal consumpt. of fluids, small consumpt of salt. Cannot stand cold douche. Menses regl., premenst. pains. Never any discharge from ears or pain.

1926 l. sided buzz. again, accomp. by attacks of giddn. and vomit. Sensat. of rotat. to l. Attacks often in days previous to menses, but also at other times, both day and night. Hearing impaired on l. ear, varies somewhat, worse during attack. Buzz. continuous, loudest in the morning, not worse during attack. Sensat. of a flap over l. ear.

Adm. Mun. Hosp. Ear Dept. 19/1-27. Height 164. Weight 62 ½. Hemoglb. 65. Aures: Membr. Slightly atrophied translucent. ÷ retract.

$$v\ \frac{20{,}00}{18{,}00}\ a_1M\ \frac{22}{16}\ a_1A\frac{24}{18}\ Li\ \frac{15}{24}\ Ls\frac{18500}{18000}\ W = \div \text{ sp. nyst. } 6 \text{ rot. } \frac{\rightarrow 25''}{\leftarrow 15''}$$

Compress. of carotis and tragus, compress. and aspir. in ext. meatus, amylnitr.: ÷.

Slight subcut. tender infiltr. on crura, medial side of femora and over deltoideus.

22/1: $v\frac{20,00}{10,0—20,0}\,a_1M\frac{15}{8}\,a_1A\frac{55}{18}\,Li\frac{15}{28}\,Ls\frac{17500}{17000}$ Bloodpr. 135.

24/1: $v\frac{20,00}{12,00}\,a_1M\frac{14}{5}\,a_1A\frac{58}{22}\,Li\frac{15}{30}\,Ls\frac{18000}{18000}$

25/1: Lumb. punct.: Cells 1/7 + a very few red corpuscles, alb. 7, glob. 0.

26/1: $v\frac{20,00}{12,0—18,0}\,a_1M\frac{13}{7}\,a_1A\frac{}{20}\,Li\frac{15}{24}\,Ls\frac{17000}{17500}$ Rp. Finsen light.

6/2: Giddy yesterday. Sp. nyst. ⇝, indep. of headposture.

$v\frac{20,00}{20,00}\,a_1M\frac{12}{6}\,a_1A\frac{64}{15}\,Li\frac{15}{24}\,Ls\frac{19000}{17500}$ Bloodpr. 108.

15/2: Severe attack. Rp. Reduced fluids.

19/2: Rp. Massage.

22/3: $v\frac{20,00}{10,0—20,0}\,a_1M\frac{14}{6}\,a_1A\frac{49}{18}\,Li\frac{15}{36}\,Ls\frac{19500}{19500}$ Rp. Catheteriz.

8/4: $v\frac{20,00}{20,00}\,a_1M\frac{14}{10}\,a_1A\frac{40}{25}\,Li\frac{19}{24}\,Ls\frac{19000}{18000}$ Feels well. Bloodpr. 118. Weight 60,5.

18/5: Another attack, during which deaf. + headache. Bloodpr. 117. Hemoglb. 73. Rp. Pill. ferrolyt. comp. 1 × 3.

30/5: $v\frac{20,00}{20,00}\,a_1M\frac{17}{7}\,a_1A\frac{33}{15}\,Li\frac{16}{36}\,Ls\frac{19000}{19000}$ Hemoglb. 66. Weight 62,3. Bloodpr. 117.

13/6: Const. smaller attacks of giddn. and const. buzz. Hemoglb. 72,6 Cont. Reduced fluids.

22/6: ÷giddn., buzz. less. 5 rot. $\frac{\rightarrow 18''}{\leftarrow 18''}$

1/7: Feels well. $v\frac{20,00}{20,00}\,a_1M\frac{18}{8}\,a_1A\frac{32}{25}\,Li\frac{15}{24}\,Ls\frac{18000}{18000}$

18/7: Attack of headache again; »her eyes smart». Sp. nyst. ⇄. Hemoglb. 85,7. Weight 63,2.

$v\frac{20,00}{20,00}\,a_1M\frac{15}{5}\,a_1A\frac{28}{14}\,Li\frac{16}{30}\,Ls\frac{17000}{17000}$ Rp. Euphyllin ctgr 20 × 3.

20/7: Repeated attacks of giddn. Has not noticed increased diuresis or salivat. Has had diarrhoea.

$v\frac{14,00}{6,00}\,a_1A\frac{30}{10}\,Li\frac{16}{38}\,Ls\frac{18000}{18000}$ Hemoglb. 86,9. Sp. nyst. ⇄.

22/7: Feels well, less buzz. ÷ lassitude.

$a_1M\ \frac{15}{7}\ a_1A\ \frac{22}{10}\ Li\ \frac{16}{28}\ Ls\ \frac{19000}{18000}$

25/7: $a_1M\ \frac{11}{4}\ a_1A\ \frac{44}{8}\ Li\ \frac{16}{28}\ Ls\ \frac{18000}{18000}$ Hemogbl. 74,8. Sep. Euphyllin.

27/7: $a_1M\ \frac{13}{7}\ a_1A\ \frac{47}{15}\ Li\ \frac{16}{26}\ Ls\ \frac{16000}{16000}\ v\ \frac{20{,}00}{20{,}00}$

24/10: Feels well still. Slight buzz. in l. ear.

No. 77. F. born 1893.

Bilat. varying buzz. since 1918, began during 1st pregnancy. Her friends noticed that she heard badly at the same time; observed her own case extremely little and can give no informat. as to varying hearing or its relat. to buzz. Often unsteady and giddy during more severe attacks. Pressure on l. ear. ÷ hyperaesthesia acust. Chilly; fingers often numb and white, feet cold. Slight rheumatism in wrist. Perspires less than formerly. ÷ urticaria. ÷ eczema. ÷ vasomot. rhinit. Normal consumpt. of fluids and salt. Obstip. formerly, now no gastro-intest. symptoms. Menses regl., without molimina.
Mun. Hosp. Ear Policl. 3/9-26. Height 163. Pt. is in the 5th week of pregnancy.
Aur. d.: Membr. dull. Manbr. projects relief-like. Aur. s.: Dull, thickened in post. part.

$v\ \frac{2{,}00}{0{,}50}\ a_1M\ \frac{10}{9}\ a_1A\ \frac{37}{40}\ Li\ \frac{18}{24}\ Ls\ \frac{19688}{19688}$

6/9: $v\ \frac{3{,}00}{0{,}50}\ a_1M\ \frac{11}{14}\ a_1A\ \frac{61}{44}\ Li\ \frac{}{23}$ W = Bilat. stenosis. Sp. nyst. →. On bend. head to l. reinforced ↷.

8/9: Sp. nyst. → indep. of headposture.

13/9: $v\ \frac{1{,}50}{0{,}40}\ a_1M\ \frac{9}{7}\ a_1A\ \frac{50}{38}$ Bilat. buzz. and stenosis.

17/9: $v\ \frac{1{,}50}{0{,}50}\ a_1M\ \frac{8}{7}\ a_1A\ \frac{50}{35}$ Const. giddy.

20/9: $v\ \frac{2{,}00}{0{,}50}$ Stenosis on r. side.

24/9: $v\ \frac{2{,}00}{1{,}00}$ Stenosis on r. side. Sp. nyst. ⇝.

27/9: $v\ \frac{2{,}00}{0{,}75}$ *1/10* $v\ \frac{1{,}25}{0{,}40}$

8/10: $v\frac{4{,}50}{0{,}40}\ a_1M\frac{9}{9}\ a_1A\frac{46}{32}\ Li\frac{18}{22}\ Ls\frac{15000}{15000}$ Sp. nyst. →, reinforced on bend head to l. ⇄. Buzz. in l. ear.

15/10: $v\frac{1{,}75}{0{,}40}\ a_1M\frac{9}{9}\ a_1A\frac{47}{35}\ Li\frac{18}{22}$

27/10: Miscarriage in 4th month.

7/1-27: Slight giddn., pressure in cardia. Headache in temples and occiput.

$v\frac{2{,}00}{0{,}50}\ a_1M\frac{10}{7}\ a_1A\frac{41}{22}\ Li\frac{18}{24}\ Ls\frac{18000}{18000}$ ÷ stenosis. ÷ sp. nyst. Bloodpr.

118. Weight 71. Typical subcut. infiltr. on crura, occiput and upper arms. Rp. Massage. Scotch douche.

21/1: $v\frac{1{,}50}{2{,}00}\ a_1M\frac{11}{9}\ a_1A\frac{41}{27}\ Li\frac{17}{17}\ Ls\frac{14500}{13500}$ ÷ buzz.

4/2: $v\frac{3{,}00}{1{,}75}\ a_1M\frac{14}{14}\ a_1A\frac{45}{27}\ Li\frac{17}{17}\ Ls\frac{17000}{16000}$

14/9: $v\frac{4{,}00}{1{,}00}\ a_1M\frac{11}{10}\ a_1A\frac{33}{38}\ Li\frac{15}{15}\ Ls\frac{17000}{16000}$ Weight 68,2. Bloodpr. 110. Hemoglb. 75.

21/9: $v\frac{20{,}00}{1{,}5—2{,}00}\ a_1M\frac{12}{8}\ a_1A\frac{48}{38}\ Li\frac{15}{17}\ Ls\frac{18000}{17000}$ ÷ sp. nyst. 10 rot $\frac{\rightarrow\ 120''}{\leftarrow\ 25''}$

12/10: Feels like another being. ÷ buzz. ÷ lassitude. ÷ giddn. Treated with gymnastics, massage and baths.

$v\frac{20{,}00}{1{,}50}\ a_1M\frac{11}{10}\ a_1A\frac{48}{40}\ Li\frac{15}{15}\ Ls\frac{18000}{17000}$ ÷ sp. nyst. 10 rot. $\frac{\rightarrow 7''}{\leftarrow 7''}$

Amylnitr. ÷.

No. 78. F. born 1893.

Father died when 38 of pneumonia. Mother healthy. No. 2 of 6 children, one died of diphtheria.

Otitis med. as a child. 1919 scarlatina. Febr. 1921 rheum. fever with mb. cord. Relapse in June 1922 and since then occasional, slight attacks in joints. Dispos. to angina. 1924 sinuitis maxill. and tonsillectomia.

No secretion from nose since summer 1926, but pains in temples and cheeks. May 1927 bilat. buzz. and pricking sensat. in r. ear; also tenderness behind this ear. ÷ discharge. Pressure on r. ear. Attacks of giddn. at same time, sometimes several a-day. Nausea. Considers hearing good. ÷ asthma. ÷ urticaria. Attacks of watery cold and sneezing on change of temperature as long as she can remember. Extrm. always cold.

Normal consumpt. of salt. Has drunk a great deal of water on account of rheumatism. Increased 8 kilos in 18 months. No gastro-intest. sympt. Menses reglr. Frequent congest. Perspires with difficulty. During last year easily fainted.
Adm. Mun. Hosp.'s Ear Dept. 20/6-27. Height 63. Weight 74,7. Bloodpr. 155. Aures: Pronounced retraction, esp. l. Pharynx: Clean scar from tons.-ect.

Scarlet in face. Fat. Large and very tender infiltr. on extrm. and abdomen. Skin of face and extremities cyanotic and coarse.

Rp. Massage. Finsen light. Diet with reduced salt. Fluids gr 500.

29/6: Buzz., esp. in r. ear. Headache, giddn.
Sp. nyst., backposture ↘. R. side posture: ↩. L. side posture: ↘; a little later on, when pt. felt less giddy ↓, perhaps ↘.

$$v\,\frac{\text{hardly } 20{,}00}{20{,}00}\,a_1M\,\frac{3\,\frac{1}{2}}{6}\,a_1A\,\frac{22}{31}\,Li\,\frac{24}{20}\,Ls\,\frac{17000}{17000}$$

Considerable tenderness on r. proc. mast., also on r. linea nuchæ but in a lesser degree.

30/6: Buzz. in r. ear. Sitting: ↝. R. side posture: ÷. L. side posture: ⇢. States that she is only giddy in l. side posture.
Amylnitr. during flush ↖, during fading ÷. Buzz. unchanged.

7/7: Sp. nyst. ↙.

8/7: Menses after a pause of 12 days. Very giddy. Back posture: ↩↙. R. sideposture: strong ↩. L. side posture: ↝.

13/7: ÷ sp. nyst. On bend. forw. lively ↓; otherwise ÷.

15/7: Pain behind r. ear almost disapp. Hemoglb. 95,7. Sp. nyst. feeble ↓⇢.

$$v\,\frac{20{,}00}{20{,}00}\,a_1M\,\frac{9\,\frac{1}{2}}{8\,\frac{1}{2}}\,a_1A\,\frac{35}{45}\,Li\,\frac{24}{26}$$

19/7: Headache every morning, feels best in the afternoon.

22/7: Bloodpr. 112. Hemoglb. 100. $a_1M\,\frac{11}{8}\,a_1A\,\frac{48}{38}$ ÷ sp. nyst.

3 rot. $\frac{\rightarrow 15''}{\leftarrow 6''}$

29/7: Improvement. ÷ giddn.; headache slight. Mentally more normal, ÷ sp. nyst.

3/8: Headache and giddn. aggrav. yesterday after catheteriz.

4/8: Rp. Scotch douche. Exercise.

9/8: R. sided autophony. $v\,\frac{20{,}00}{20{,}00}\,a_1M\,\frac{9}{5}\,a_1A\,\frac{35}{12}\,Li\,\frac{24}{28}\,Ls\,\frac{16000}{15000}$

19/8: Pressure on ears, pricking and numbness in fingers.

23/8: $v\,\frac{10{,}00}{20{,}00}\,a_1M\,\frac{7}{6}\,a_1A\,\frac{30}{27}\,Li\,\frac{24}{32}\,Ls\,\frac{17000}{16000}$ Weight 63,1.

15/9: Begun to work again and gets on all right, giddy however when she bends forw. Weight 62,5.

Diuresis sooner small than otherwise, always less than fluid intake.

No. 79. F. born 1866.

Can hardly be made to hear, even when shouted at; memory bad. Maternal grandmother and a cousin on mother's side deaf without suppuration.

Never discharge from ear or pains. Progress. deafness since 1913, varying in intensity, worst on l. side. Mild attack of influenza in 1918. In 1920, pt. began to have attacks of giddn. accomp. by vomit. Attacks frequent and so severe that pt. often fell. Surrounding objects seem to turn from l. to r. At same time a great deal of occipital headache. Pressure in temples. Bilat. buzz. began about 1913, varies a great deal, but always present. No information as to relat. between hearing, attacks and buzz. Tendency to rheumatism in occiput and back. Extrm. cold. Severe obstip. Menostasis 1917. Once slight »inflammation of bladder». Had on account of cardialgia her stomach function exam.; nothing abnorm. found. Consumpt. of fluids and salt normal. ÷ vasomotor rhinit.

Adm. Mun. Hosp.'s Ear Dept. 5/7-23.

Aures: Membr. retracted, thickened, lustreless.

÷ sp. nyst. 10 rot. $\frac{\rightarrow 14}{\leftarrow 15}$ Calor. 18° $\frac{\overset{\frown}{\rightarrow} + \text{reversal}}{\overset{\frown}{\leftarrow} + \text{reversal}}$

$$v\,\frac{0}{0}\;V\,\frac{0{,}10}{aa}\,a_1M\;(10)\,\frac{0}{0}\,a_1A\;(25)\,\frac{5}{5}\,Li\,\frac{55}{-}\,Ls\,\frac{5000}{\div M}$$

Lumb. punct.: Pressure 130, cells 2/3. W R. ÷. Rp. Inj. chl. pilocarp.

17/7: Head feels lighter after treatment with pilocarpin.

$$v\,\frac{0}{0}\;V\,\frac{0{,}10}{aa}\,a_1M\;(10)\,\frac{0}{0}\,a_1A\;(25)\,\frac{6}{5}\,Li\,\frac{60}{-}\,Ls\,\frac{5000}{\div M}$$ Discharged.

Readm. 30/10-25.

Felt well until some months after discharge from hosp., when giddn. eturned. Const. severe bilat. buzz. ÷ sp. nyst.

$$v\,\frac{0}{0}\;V\,\frac{0{,}20}{0}\,a_1M\;(10)\,\frac{0}{0}\,a_1A\;(25)\,\frac{2}{0}\,Ls\,\frac{6000}{5000}$$

3/11: 10 rot. $\frac{\rightarrow \text{only 2—3 beats}}{\leftarrow 10''\ \text{feeble}}$ 18° $\frac{30'' \overset{\frown}{\rightarrow} + \text{reversal}}{50'' \overset{\frown}{\leftarrow} + \text{reversal}}$

÷ sp. nyst. Discharged.

27/5-26: Few slight attacks since discharge from hosp. Severe r. sided buzz. Pressure on head like a band round forehead.

$$V\,\frac{0{,}10}{0}\;a_1M\;(10)\;\frac{0}{0}\;a_1A\;(25)\;\frac{0}{0}\;Li\;\frac{>150}{>150}\;Ls\;\frac{\div M}{\div M}$$

Readm. 18/6.

$$V\,\frac{0{,}10}{0}\;a_1M\;(10)\;\frac{0}{0}\;a_1A\;(25)\;\frac{0}{0}\;Li\;\frac{>150}{>150}\;Ls\;\frac{\div M}{\div M}$$

$\div$ sp. nyst. Calor. (18°) $\frac{40''\ \rightleftarrows\ +\ \text{reversal}}{35}$ Subcut. infiltr. on crura.

Rp. Tabl. agurini ctgr 50 × 3, 1000 gr fluids.

6/7: $v\,\frac{0}{0}\;V\,\frac{0{,}10—0{,}20}{aa}\;a_1M\;(10)\;\frac{0}{0}\;a_1A\;(25)\;\frac{0}{0}\;Ls\;\frac{6000}{6000}\;Li\;\frac{>150}{>150}$

Sep. Agurin. Rp. Pill. thyreoidini 1 × 3.

13/7: Buzz. aggrav. after beginning thyreoidin. Tubæ free.

15/7: Attack of giddn. with vomit. last night. Buzz. rather less.
$\div$ sp. nyst. Rp. Tabl. diuretini ctgr 50 × 3.

26/7: $V\,\frac{0{,}10—0{,}20}{aa}$ Discharged.

18/8: Pressure in head less.

$$V\,\frac{0{,}05}{0}\;a_1M\;\frac{0}{0}\;a_1A\;\frac{3}{1}\;Li\;\frac{90}{>150}\;Ls\;\frac{\div M}{\div M}$$

23/9: Feels well.

11/2-27: Felt well for 3 months; buzz., pressure in head and giddn. not reapp.

$$V\,\frac{0{,}10}{<aa}\;a_1M\;\frac{0}{0}\;a_1A\;\frac{0}{0}\;Li\;\frac{150}{>150}\;Ls\;\frac{\div M}{\div M}$$ Bloodpr. 140. Tubæ free.

10/5: Felt well for several months.

No. 80. M. born 1878.

Parents healthy, excepting for a little rheumatism. Only child. Paratyphus when 4. Rejected as conscript on acc. of »palpitations» and »tendency to tubercl.». Slight influenza 1918. Has had »colitis», always keeps diet. Sensat. of closure in r. ear and impaired, but varying hearing since summer 1927. Slightly unsteady at same time; slight attacks of giddn., esp. in the mornings and on moving quickly. Feels best in the evening. Feeling of pricking about r. ear and pressure in forehead. Slight buzz. now and then. For a couple of months treated for tubal stenosis. Normal consumpt. of fluids and salt. $\div$ urticaria. $\div$ eczema.
Mun. Hosp. Ear Policl. 31/8-27. Height 178. Weight 80,5.
Aur. d.: Slight inject. along manubr. Aur. s.: Exostosis on post. wall of ext. meatus.

$$v\,\frac{1{,}0—8{,}00}{20{,}00}\;a_1M\;\frac{7}{14}\;a_1A\;\frac{27}{37}$$

9/9: ÷ sp. nyst. 5 rot. $\frac{\rightarrow 29''}{\leftarrow 40''}$ Amylnitr. ÷.

$$v\frac{0{,}50—1{,}25}{20{,}00}\,a_1M\frac{6\frac{1}{2}}{11}\,a_1A\frac{25}{35}\,Li\frac{24}{21}\,Ls\frac{15000}{15000}$$

16/9: $$v\frac{0{,}40}{20{,}00}\,a_1M\frac{6}{11}\,a_1A\frac{41}{32}\,Li\frac{24}{20}\,Ls\frac{15000}{15000}$$

Distinct ⥀. Does not feel giddy. Sp. nyst. reinforced by amylnitr.; pt. becomes very giddy and has nausea. ÷ buzz.

R. sided stenosis.

23/9: $$v\frac{2{,}00}{20{,}00}\,a_1M\frac{10}{10}\,a_1A\frac{25}{40}\,Li\frac{18}{18}\,Ls\frac{16000}{16000}$$ Bloodpr. 125. Hemoglb. 77,6. Sp. nyst. ⥀. Rp. Reduced fluids.

30/9: No buzz. for last 8 days. Now and again paraesthesy about r. ear.

$$v\frac{0{,}20—20{,}00}{20{,}00}\,a_1M\frac{7}{8\frac{1}{2}}\,a_1A\frac{30}{35}\,Li\frac{21}{19}\,Ls\frac{16000}{16000}$$ ÷ sp. nyst. Const. impermeable r. sided stenosis.

5/10: ÷ buzz. Indication of ⥀.

Diuresis = fluid intake, about 1500.

Continued reduced fluid gr 700.

14/10: ÷ sp. nyst. in the diff. head postures. Amylnitr. ⥀; on fading ÷; ÷ buzz. Weight 81.

No. 81. F. born 1873.

Memory very bad.

Mother died at 55 of pneumonia. Father trouble of the one ear from his youth. No. 1 of 3 children, one died at 46 of phlebitis.

Delicate from childhood; catarrh of stomach and since then inclined to gulp up her food; is not on diet. ÷ obstip. Always chilly. Often open chilblains on feet. Menses regl., 4 normal births, ÷ miscarriage. Climact. began 6 months ago. Erysipelas in face and cystitis several times. ÷ eczema. ÷ urticaria. Influenza for 1 ½ months some years ago. At Bispebj. Hosp. in 1924 with diagnosis climacterium, vomitus.

Present trouble began the day she left the hosp. She then got a headache, which has lasted ever since; is varying, being worst when pt. lies down, better in the course of the day, worst in rainy weather and when she feels cold. After headache had lasted a year, bilat. buzz. set in; these vary also and can at times quite disapp. Hearing became impaired at same time and she noticed esp. that she could not hear the telephone with r. ear, but has not noticed that hearing fluctuates. Never discharge from ears or pains. Unsteady simult. to ear symptoms. Memory so bad, that she is obliged to make a list of all she has to buy when she goes shopping.

Her hair fell out a year ago, but not since then. Perspires with difficulty, but more easily than 6 months ago (climact.). Very weary and indisposed since 1924 and has now and then indications of »asthma».

Adm. Mun. Hosp. Dept. VI 17/8-27 with diagn.: Tabes dorsalis incip. Lumb. punct.: Pressure 165, cells 23/7, alb. 7, glob. 0; W. R. ÷. Bloodpr. 130/80. Hemoglb. 94. Ophthalmoscopy norm. Neurol. exam. showed only wanting abdom. reflexes.

Ear Policl. 10/9. Aur. d.: Membr. slightly retracted, partly atrophied, partly thickened, without lustre. Aur. s.: Membr. atrophied with translucent art. inc.-stap.

$$v\,\frac{20{,}00}{20{,}00}\,a_1M\,\frac{15}{15}\,a_1A\,\frac{31}{40}\,Li\,\frac{18}{24}\,Ls\,\frac{14000}{14000}$$ Sp. nyst. ⇄. Headbend. to l.: ⇄. Headbend. to r.: ÷.

Transf. Ear Dept. 14/9-27 with diagn.: Encephalitis epid. chron. Mb. Menièri. Arythmia cordis. Height 160. Weight 55,7.

Nervous, rather apathetic. The skin drying and peels off everywhere except on face. Typical, very tender subcut. infiltr. in back part of neck, crura, femora, abdomen and about loins. Thyr. gland cannot be felt. Pulse arythmic 88.

$$v\,\frac{20{,}00}{20{,}00}\,a_1M\,\frac{15}{13}\,a_1A\,\frac{31}{47}\,Li\,\frac{22}{22}\,Ls\,\frac{14000}{16000}$$

Rp. Massage. Reduced fluids. Pill. thyreoidini 1 × 3.

21/9: $$v\,\frac{20{,}00}{20{,}00}\,a_1M\,\frac{12}{11\frac{1}{2}}\,a_1A\,\frac{35}{45}\,Li\,\frac{15}{15}\,Ls\,\frac{16000}{14000}$$ ÷ buzzings.

Sp. nyst., now ⇄, now ↖. Amylnitr.: During hyperemia reinforced ⇄. During fading ↓. Varying afterw., as formerly.

23/9: ÷ giddn. Headache only when lying down. Seems better, can collect her thoughts. Pulse 76 reglr.

29/9: Bloodpr. 120. Pulse 91, arythmic. Memory better. Feels better. Has not lost in weight.

$$v\,\frac{20{,}00}{20{,}00}\,a_1M\,\frac{13}{13}\,a_1A\,\frac{45}{60}\,Li\,\frac{15}{15}\,Ls\,\frac{16000}{16000}$$ ÷ buzzing.

Cont. massage. Fluids gr 500. Pill. thyreoidin. Discharged.

11/10: Appetite and memory improved, headache only when lying down. Pulse 84, reglr.

No. 82. M. born 1884.

Mother deaf after influenza, treated with large quant. of quinin. Father healthy. No. 4 of 5 children, all healthy.

Bronchitis for many years; easily gets short of breath, indication of »asthma», esp. in wet weather. Formerly a great smoker.

Never discharge from ears or pains. Noticed in 1911 that he could not hear the telephone with l. ear; in 1914 he also began to be deaf on his r. ear. Deafness progress., but varies very much. Hears best when he takes a great deal of exercise and perspires; hears badly in damp weather. Hears best in a noise. Buzz. in both ears simult. with first appearance of deafness. Buzz. const., but varies in intensity. Hearing improved after treatm. with catheteriz.; gets giddy now and then after catheteriz. on r. side.

Attacks of giddn. 4 weeks previous to adm. to hosp. Attacks esp. at night, last about 3 hours; accomp. by vomit. and loud noises in ears. Hearing worse after each attack. Feels hot in his head during attacks. Pressure in whole head.

Rheumatism here and there. Very chilly; feet always cold. Perspires easily. Great consumpt. of fluids and salt. ÷ paraesthesies. ÷ eczema. ÷ urticaria. ÷ vasomotor rhinit. Nose always stopped up in the morning; syringes daily with salt water.

Adm. Mun. Hosp.'s Ear Dept. 1/2-18.

Aures: Membr. slightly thickened, injected along manubr.

$$v\,\frac{aa}{aa}\,V\,\frac{1,00}{0,10}\,a_1M\ (10)\ \frac{12}{8}\,a_1A\ \ (25)\ \frac{8}{4}\,R\,\frac{\div}{\div}\,Li\,\frac{C_I}{C_I}\,Ls\,\frac{15900}{13500}\ \div \text{ sp. nyst.}$$

Romberg ÷. Calor. (18°) $\frac{45''\curvearrowright}{45''\curvearrowleft}$

2/2: Slight giddn. after catheteriz. on r. side. Passage here difficult.
Rp. Pilocarpin.

3/2: Feels releaved and hearing improves after pilocarpine.

10 rot. $\frac{\rightarrow 21''}{\leftarrow 18''}\ v\,\frac{1,00}{0,30}\,V\,\frac{2,00}{1,00}$

14/2: $v\,\frac{1,00}{0,05}$

15/2: $v\,\frac{1,00}{0,20}$ Bloodpr. 90. ÷ sp. nyst.

19/2: Discharged.

21/9-27: Numerous attacks since discharge from hosp., but all of quite short duration. Buzz. and hearing does not change sympathetically with attacks. Last attack 3 months ago. Thinks hearing is unaltered. Treated periodically with catheteriz., thinks it does him good. Feels best when he perspires. Is somewhat short of breath, no typical attack of asthma. No gastro-intest. sympt. Formerly great deal of obstipation.

Stout, face very congested, ears and cheeks slightly cyanotic. Height 174. Weight 91,5. Bloodpr. 120. Hemoglb. 98 %. Tender subcut. infiltr. in back part of neck. Stet. pulm.: Emphysema. Piping ronchi on both post. surfaces.

Aur. d.: Slight inject. along manubr.; membr. slightly thickened. ÷ retract.
Aur. s.: Membr. dull. ÷ retract.

$$v\ \frac{0{,}10}{0}\ V\ \frac{}{0{,}30}\ a_1M\ \frac{5}{6}\ a_1A\ \frac{8}{0}\ R\ \frac{\div}{\div}\ Li\ \frac{90}{>150}\ Ls\ \frac{13000}{13000}$$

Sp. nyst. ↘. Amylnitr.: Nyst. unaltered. Buzz. increases, esp. on r. side.

Adm. Mun. Hosp.'s Ear Dept. 8/10-27:

Myalgic changes in cucullares, triceps suræ; along the curvature infiltr., also of skin of forehead and scalp.

Sp. nyst. ↘. Compr.-aspirat. in ext. meatus: ÷. Compr. of tragus and carotis ÷.

10/10: $v\ \frac{0{,}10}{0}\ V\ \frac{}{0{,}30—0{,}40}\ a_1M\ \frac{5}{5}\ a_1A\ \frac{11}{2}\ Li\ \frac{36}{>150}\ Ls\ \frac{15000}{13000}$

13/10: Rp. Diet with reduced salt and fluid (gr 700). Massage. Gymnastics.

No. 83. F. born 1893.

Paternal grandmother severe asthma. Maternal grandmother a great deal of rheumatism in joints. Mother psoriasis: when 58 severe attacks of giddn., accomp. by vomit.; said to hear all right. Father urticaria and a little rheumatism. A sister, aged 38, suff. from giddn. No. 5 of 8 children.

Rheumat. fever in 1905. 1908 acute r. sided otitis; no discharge since. Much headache as child. Inclined to pharyng. catarrh. Angina twice.

1920 a month after first confinement isolated attack of giddn. 2nd attack of giddn. 1925, a month after 2nd confinement. Attack lasted 4—5 hrs; vomit. and violent l. sided buzz. during whole attack; buzz. in ears for 10 days before attack set in. Afterw. 3 severe attacks at intervals of some weeks. Felt unwell in between attacks; a great deal of frontal headache. A little buzz.

Attack of vomit. and buzz. June 1926 without any connection with pregnancy or confinement. Attacks come, esp., when she sleeps, so that she wakes in it. Buzz. disapp. totally in between attacks. Has not noticed that hearing is impaired.

Pregnant again (6th month). Severe buzz. 4 days ago in l. ear as formerly »like a motor starting».

Considerable consumpt. of fluid, small consumpt. of salt. Perspires easily. Inclined to diarrhoea. Not chilly. ÷ urticaria. Slight psoriasis. ÷ vasomot. rhinit. Air passage defective in both nostrils, sleeps with mouth open.

Mun. Hosp. Ear Policl. 8/4-27. Aur. d.: Slight retract., calcar. deposits. Aur. s.: Slight inject. along manubr., which projects relief-like, slight retract., atrophy posteriorly.

$$v\ \frac{20{,}00}{20{,}00}\ a_1M\ \frac{10}{15}\ a_1A\ \frac{40}{60}\ Li\ \frac{24}{16}\ Ls\ \frac{16000}{17000}$$

÷ sp. nyst. in the diff. head postures. Tender largish, subcut. infiltr. on crura, femora and back part of neck. Varices on crura. Uterus corresponding to 6 months pregnancy.

12/4: Bilat. buzz., pains around r. ear; cries and is nervous.
Rp. Reduced fluids. Massage. Exercise.

3/5: Feels better. ÷ giddn. ÷ headache. Buzz. in l. ear.

17/5: Increasing pressure on ears. Severe l. sided buzz. Const. reduced hearing on r. side. Rheumatism in r. arm. Epistaxis. Palpitations.

$$v\,\frac{20{,}00}{20{,}00}$$

7/6: Attack of giddn. lasting several hours.

1/7: Normal confinement. Diuresis, measured during pregnancy normal.

11/8: Feels well. ÷ giddn. ÷ buzz. Headache a single day.

$$v\,\frac{20{,}00}{20{,}00}$$

26/10: Inconsiderable headache. ÷ buzz. ÷ giddn.

$$v\,\frac{20{,}00}{20{,}00}\,a_1M\,\frac{10}{10}\,a_1A\,\frac{38}{40}\,Li\,\frac{30}{20}\,Ls\,\frac{18000}{17000}$$

÷ sp. nyst. 5 rot. $\frac{\rightarrow 30''}{\leftarrow 32''}$ Amylnitr.: ↓↜. Feels giddy; during fading nyst. stronger, directed alternatingly to r. and l.
Height 165. Weight 78,7. Rp. Reduced fluids.

No. 84. F. born 1891.

A sister has Mb. Menièri (No. 54 of these cases). For family see No. 54.
Formerly healthy. Bilat. buzz. in ears in 1923, lasted 18 months, disapp. without treatment for 2 years. Often unsteady the year before buzz. began; could not bear looking up; unsteadiness disapp. when buzz. began. Heard quite well at that time. Bilat. buzz. 3 weeks ago, like the sound in a shell; hearing greatly impaired on l. ear at same time. Hearing often varies from one day to the other. No informat. as to relat. to buzz. Not giddy during this period; slight headache. Menses reglr., copious, with premenst. pains. Considerable consumpt. of fluids, normal consumpt. of salt. ÷ vasomot. rhinit. Perspiration norm. Not chilly. ÷ paraesthesies. ÷ urticaria.
Mun. Hosp. Ear Policlinic 20/8-27. Height 169. Weight 72. Bloodpr. 110. Hemoglb. 81,1.
Aures: Membr. slight retracted, articl. inc.-stap. and both crura of stapes distinctly visible. Cav. nasi: Narrow.

$$v\,\frac{20{,}00}{0{,}50}\,a_1M\,\frac{4}{1—2}\,a_1A\,\frac{25}{16}\,Li\,\frac{19}{36}\,Ls\,\frac{18000}{17000}$$ ÷ tubal stenosis.

÷ sp. nyst. in diff. head postures. 5 rot. $\frac{\rightarrow 55''\ 57''}{\leftarrow 38''\ 37''}$ 5 rot. $\frac{\rightarrow 57''}{\leftarrow 27''}$
Amylnitr. dubious ↜ during flush, distinct ⇄ during fading.
From correspondance (not resident of Copenhagen) we learn:

Sept. 1927: At present almost stone deaf, hears organ music quite out of tune, cannot hear the psalm tunes, cannot hear the children (school teacher). Feels unsteady when she looks up. Diuresis appears to be normal.

No. 85. F. born 1894.

Parents healthy. No. 1 of 5 children. Two died when adults of tub. pulm., one when a child of stomach trouble. Formerly healthy. Menses regular without molim. No gastro-intest. trouble. Very chilly; hands cold; cannot stand cold baths ÷ asthma. ÷ urticaria. ÷ eczema. ÷ vasomot. rhinit.

In 1924 felt unsteady, slight attacks of giddn. No buzz. nor deafness at that time.

Loud ringing noises in her ear on 22/10-27 after having drunk a considerable quantity of fluid; after 1 ½ hrs. violent attack of giddn. accomp. by vomit. lasting several hrs. Unsteady for 24 hrs. after, unable to walk alone. Sensat. as of a flap over l. ear, immed. after attack, also numbness on l. jaw joint and about the ear. These sensat. have continued since. Buzz. decreased a little after cessation of attack, but has maintained itself since. Hearing in l. ear was reduced the day after attack; could not hear telephone. No informat. as to when hearing began to be impaired.

Considerable consumpt. of fluids, normal consumpt. of salt. Diuresis varies, but cannot give more particular informat.

Mun. Hosp. Ear Policl. 24/10-27. Height 170. Weight 57,2. Bloodpr. 95. Hemoglb. 86. Rather thin. Tender, subcut. infiltr. on crura, upper arm and back part of neck. Aures: Norm.

$$v\ \frac{20{,}00}{aa—8{,}00}\ a_1M\ \frac{8}{9}\ a_1A\ \frac{35}{35}\ Li\ \frac{19}{19}\ Ls\ \frac{16000}{16000}$$

10 rot. $\frac{\rightarrow\ 24''}{\leftarrow\ 30''}$ Amylnitr. ÷. Compr. and aspir. l. ear ↙↖. Tubæ free.

28/10: Buzz. in l. ear.

$$v\ \frac{20{,}00}{6{,}00}\ a_1M\ \frac{8}{8}\ a_1A\ \frac{42}{30}\ Li\ \frac{15}{21}\ Ls\ \frac{16000}{16000}$$ Stenosis on l. side.

31/10: $v\ \frac{20{,}00}{2{,}00}\ a_1M\ \frac{5}{5}\ a_1A\ \frac{35}{30}\ Li\ \frac{18}{23}\ Ls\ \frac{16000}{16000}$ ÷ sp. nyst.

Fluid intake about 1250—1500; diuresis 500—1000.

Rp. Reduced fluids.

No. 86. F. born 1858.

Parents always healthy, died at 75 and 62 years of age. 8 brothers and sisters. — Anemia whilst growing; took iron for many years; »rheumatism in head and hands». 5 norm. births. Menostasis 12 years ago. Somewhat chilly; cold feet. ÷ asthma. ÷ eczema. ÷ urticaria. Attacks of colds

and sneezing. Slight consumpt. of fluids and salt. Diuresis scanty in latter years. Had catarrh of stomach some years ago, since then tendency to obstip.

Never discharge from ears or pains. From for more than a year violent buzz. in both ears, deafness and giddn. Unsteady in between attacks, staggers in the street. No informat. as to relat. between buzz., hearing and attacks of giddn. Often nausea. Congestions for the last year; perspires at night; a great deal of headache in forehead and occiput, pricking sensat. all over. Tenderness behind and around both ears for last 2 days Mun. Hosp. Ear Policl. 13/10-27.

Aures: Retract., dulness and atrophy of membr. Inject. along manubr. Tenderness on both proc. mast. (Bárány's sympt.).

$$v\,\frac{0{,}30}{0}\,a_1M\,\frac{10}{0}\,a_1A\,\frac{20}{15}\,Li\,\frac{36}{36}\,Ls\,\frac{10000}{9000}$$ Sp. nyst. ⇝. Staggering gait.

Adm. Ear Dept. 15/10-27. Height 158. Weight 80. Bloodpr. 165.

Much congested; very fat with universal infiltr. of subcut. tissue, everywhere. On crura varices. Sp. nyst. ⇉, indep. of headpostures.

18/10: $v\,\frac{0{,}10}{0}\,V\,\frac{Bá}{4{,}00}\,a_1M\,\frac{7}{0}\,a_1A\,\frac{19}{17}\,Ls\,\frac{7000}{8000}$ (exam. somewhat unreliable as pt. is dull and stupid). Hemoglb. 85. Diuresis $\frac{400}{1022}$ Intake 950.

Sp. nyst. ⇉↓. Calor. (18°) $\frac{+\text{ nyst. } + \text{ reversal}}{+\text{ nys». } + \text{ reversal}}$

19/10: Diuresis $\frac{900}{1010}$ Rp. Diet with reduced salt. Fluids gr 500. Massage.

20/10: Salyrgan expm. No. 18. (Vol. I, pag. 49).

23/10: Salyrgan expm. No. 48. (Vol. I, pag. 61). Discharged.

26/10: Diuresis sparing, = ½ of fluid intake. Influenced by salyrgan and diet with reduced salt.

No. 87. M. born 1868.

Mother living, healthy; father died at 59 of meningitis. No. 3 of 4 children; one died when 42 of cancer.

Ischias and lumbago several times, treated at Bispebj. Hosp. 1914. Somewhat chilly; cold feet. Cold in head now and then, but no real vasomot. rhinit. ÷ asthma. ÷ urticaria. Normal consumpt. of fluid and salt.

Bilat. buzz. in 1912, was once giddy. Numerous attacks of giddn. in 1914, had to leave her work and take a cab home one time after the other. Nausea and vomit. at same time. Progress. deafness for many years, grown worse lately but varies very much; »hears all right» as soon as buzz. is not so loud. Const. buzz., esp. on l. ear, varies in intensity. »Flap» over

both ears; pressure above eyes. Very nervous in later years. Her work is sedentary in closed room. Treated several years with catheteriz.
Mun. Hosp. Ear. Policl. 19/8-27.
Aures: Membr. dull, thickened, much retracted.

$$v\ \frac{0{,}60}{0{,}50}\ a_1M\ \frac{4}{4}\ a_1A\ \frac{15}{9}\ Li\ \frac{28}{32}\ Ls\ \frac{15000}{11000}$$

12/10: $v\ \frac{0{,}30}{0{,}30}\ a_1M\ \frac{0}{0}\ a_1A\ \frac{12}{13}\ Li\ \frac{50}{40}\ Ls\ \frac{11000}{9000}$

5 rot. $\frac{\rightarrow 13}{\leftarrow 21}$ Calor. (18°) $\frac{+\text{ nyst. }+\text{ reversal}}{+\text{ nyst. }+\text{ reversal}}$ ÷ sp. nyst. Amylnitr. ↓.
Buzz. unaltered.
Adm. Ear Dept. 13/10-27. Height 180. Weight 90. Bloodpr. 135. Senile and repressed. Distinct arcus senil. R. pupil > l., ÷ peripheric arterioscl. Soonest fat without infiltr. Indication of exophthalmus. ÷ struma.
Cav. nasi: Great sept. deviat. to r. Considerable hypertr. of conchæ on both sides. Rhinoscopia post.: Ostium tubæ large, gaping. No hypertr. of post. ends of conchæ inff.
Sp. nyst. ↙ ↓ ↘. Amylnitr. during flush ⮌; simult. decrease of buzz.
Calor. (18°) $\frac{+\text{ nyst. }+\text{ reversal}}{+\text{ nyst. }+\text{ reversal}}$

14/10: Lumb. punct.: Cells 4—5/3, alb. 8—9, glob. 0. W. R. ÷.

18/10: Rp. Diet with reduced salt. Fluids gr 600. Gymnastics.

$$v\ \frac{0{,}20}{0{,}40}\ a_1M\ \frac{0}{0}\ a_1A\ \frac{8*}{10*}\ Li\ \frac{90}{55}\ Ls\ \frac{12000}{9000}$$ (*only reinforced buzz.).

20/10: $v\ \frac{0{,}20}{0{,}35}\ a_1M\ \frac{0}{0}\ a_1A\ \frac{4}{15}\ Li\ \frac{90}{45}\ Ls\ \frac{12000}{11000}$ Weight 88,9. Diuresis $\frac{950}{1022}$

21/10: Salyrgan expm. No. 67. (Vol. I, pag. 69).

24/10: Salyrgan expm. No. 19. (Vol. I, pag. 49).

14/11: $v\ \frac{20{,}00}{20{,}00}\ a_1M\ \frac{6}{7}\ a_1A\ \frac{22}{34}\ Li\ \frac{24}{20}\ Ls\ \frac{14000}{13000}$ ÷ buzz. ÷ nyst. ÷ headache.

15/11: Bloodpr. 145. Feels well. Discharged.

30/12: $v\ \frac{20{,}00}{20{,}00}\ a_1M$ (15) $\frac{8}{8}\ a_1A$ (40) $\frac{26}{36}\ Li\ \frac{28}{23}\ Ls\ \frac{13000}{13000}$

No. 88. F. born 1865.

Parents healthy. No. 3 of 3 children, one died of c. mammæ. — Stone-deaf; memory very bad. Thinks she has been healthy, but has felt great lassitude as long as she can remember. Easily gets attacks of cold in head and sneezing. Rheumatism in r. foot. Feet always cold. Norm. consumpt. of fluids and salt. ÷ urticaria. Catarrh of stomach many years ago. Never discharge from ears or pains.

Period. deafness for last 8 years, attacks of giddn. during same period, also bilat. buzz., aggrav. by attacks of giddn. Attacks are of short duration; ÷ unconsciousness. Always headache afterw.

Adm. Mun. Hosp. Dept. VI on acc. of attack of giddn. Transf. Ear Dept. 1/10-27 with diagnosis: Otitis interna dpl. Height 162. Hemoglb. 103,7. Pale with cold perspirat. on forehead and hands, feet cold. Large infiltr. in back part of neck.

Aures: Membr. lustreless, diffusely thickened, slightly retracted.

$V \frac{0,10}{0,10}$ Declares to hear tun. forks whether struck or not.

Sp. nyst. ⟲, reinforced on least movements, also on compr. of tragus and carotis.

5 rot. $\frac{\rightarrow 15}{\leftarrow 30}$ Calor. $\frac{+ \text{ nyst.} + \text{ reversal}}{+ \text{ nyst.} + \text{ reversal}}$

7/10: Lumb. punct.: Cells 2/3, alb. 15, glob. 0.

8/10: Rp. Diet with reduced salt. Fluids gr 500.

11/10 12 o'clock: Salyrgan expm. No. 20. (Vol. I, pag. 50).

12/10: Says spontaneously that she hears better.
Salyrgan expm. No. 21. (Vol. I, pag. 50).

15/10: Sp. nyst. ⟲.

16/10: Weight 72,2. Hemoglb. 90. $v \frac{0}{0} V \frac{2,00}{10,00}$ Diuresis $\frac{625}{1014}$

18/10: Salyrgan expm. No. 22. (Vol. I, pag. 51).

24/10 midday: Weight 68,5. $v \frac{0,20}{0,10} V \frac{20,00}{20,00}$ Diuresis $\frac{375}{1019}$ Rp. Salyrgan 1,5 ccm.

3 p. m.: Weight 69,5. $v \frac{0,20}{0,05}$ Great buzz.

25/10: Weight 68,2. $v \frac{0,20}{0,05} V \frac{20,00}{20,00}$ Diuresis $\frac{1450}{1008}$

26/10: Weight 68,5. $v \frac{0,20}{0,10} V \frac{20,00}{20,00}$ Diuresis $\frac{300}{1016}$ Difficulty in passing with catheter on l. side. Attack of giddn.; immed. after fall to r., later on vomit.

Strong ⟲. Violent buzz., esp. in r. ear, no buzz. before catheteriz. Much congested before vomit.

¾ hour later: $v \frac{0,20}{0,10}$

27/10: Sp. nyst. ⟲.

22/11: Discharged.

No. 89. M. born 1897.

Father healthy. Mother died at 51 of pneumonia. No. 6 of 12 healthy children. Formerly healthy. Influenza in 1918. Never discharge from ears or pains. Since spring of 1926 impaired, but varying hearing. Now and then not able to hear quite distinctly for some minutes after making swallowing movements. At same time slight buzz. Not observed any relat. between buzz. and deafness.

Attacks of giddn. from 1917, increasing in freq. and intens., occuring daily during last week. Rotat. sensat. from r. to l. Hearing and buzz. remain unaltered during attacks. No pressure on ears. Considers himself quite well otherwise. Perspires normally. Never eats salt, normal consumpt. of fluid. Never thirsty. Diuresis not controlled.

Adm. Mun. Hosp.'s Ear Dept. 21/10-27. Height 169. Weight 60,2. Bloodpr. 115. Hemoglb. 85. Pale.

Aur. d.: Membr. slightly atrophied, retracted in ant. part, manubr. project. relief-wise. Aur. s.: Norm.

$$v\,\frac{0{,}10}{20{,}00}\,a_1M\,\frac{10\frac{1}{2}}{20}\,a_1A\frac{13^*}{48}\,Li\,\frac{36}{22}\,Ls\frac{18000}{19000}$$ (*buzz. reinforced.)

Sp. nyst. ⇆.

22/10: $v\,\frac{0{,}10}{20{,}00}\,a_1M\,\frac{10}{17}\,a_1A\frac{22}{49}\,Li\,\frac{32}{24}\,Ls\frac{18000}{18000}\div$ sp. nyst.

Calor. (18°) $\frac{+\text{ nyst. } + \text{ reversal}}{+\text{ nyst. } + \text{ reversal}}$

2 hrs. later ↗⇝; amylnitr. reinforces sp. nyst.; no buzz. before, during or after. Compr. of carotis and tragus, compr. and aspir. in ext. meatus ÷.

25/10: Rp. Diet with reduced salt. Fluids gr 600.

26/10: Salyrgan expm. No. 71. (Vol. I, pag. 71).

31/10: Lumb. punct.: Cells 0—⅓, alb. 9, glob. 0. Diuresis $\frac{950}{1025}$

21/11: Salyrgan expm. No. 28. (Vol. I, pag. 53).

24/11: $v\,\frac{2{,}0—10{,}00}{20{,}00}\,a_1M\,\frac{14}{21}\,a_1A\frac{32}{53}\,Li\,\frac{18}{18}\,Ls\frac{16000}{16000}$ Discharged.

27/1-28: $v\,\frac{0{,}20—0{,}40}{20{,}00}\,a_1M\ (15)\,\frac{14}{18}\,(40)\,\frac{20}{42}\,Li\,\frac{28}{15}\,Ls\frac{17000}{17000}$ Weight 63,0. Feels well.

No. 90. M. born 1893.

Father healthy. Mother operated on for trigem. neuralgia. — No. 8 of 8 children of whom only 3 alive, the rest dead in infancy. — Healthy as a child. Served for 3 ½ years in the great war. Nerve shock, »trembling of the whole body» caused by shell explos., contin. active serv. afterw.

Adm. to Bispebj. Hosp. 6/7—10/8-27 with diagn.: Neurosis cordis. Neurasth., Mb. Menièri. Since 1921 varying hearing on l. ear; in periods stonedeaf on this ear; hears worst in rainy weather. ÷ hyperaesthesia acustica. ÷ discharge. Often feels pressure on both ears.

1'attack of giddn. 1/8-25. 2'attack 2/4-27; numerous since commencing by increase of the otherwise slight buzz. and by decrease of hearing; simultan. »flap» over the ear. Attacks last some hours accomp. by nausea and vomit.; when attack is over hearing returns and buzz. decrease somewhat, but are however always present. During last 6 months considerable headache.

Defective air-passage in r. half of nose, esp. in the morning. Vasomot. rhinit. of short duration. Sweats easily. Chilly. ÷ urticaria. ÷ eczema. ÷ rheumatism. Slight dull sensations in upper parts of arms. No gastro-intest. sympt. In latter years very stout. Weighed 95 kilos few months prior to adm. Weight reduced at Bispebj. Hosp.
Adm. Mun. Hosp. Ear Dept. 20/8-27. Weight 85,3. Height 175.
Auris d. et s.: Norm. Cav. nasi: Sept. deviat. to r.

$$v\,\frac{20{,}00}{20{,}00}\,a_1M\,\frac{20}{14}\,a_1A\,\frac{43}{31—37}\,Li\,\frac{15}{20}\,Ls\,\frac{17000}{14500}\,R\,\frac{+}{+}$$ ÷ sp. nyst. Romberg ÷. 6 rot. $\frac{\rightarrow 42''}{\leftarrow 15''}$

Pt. is pale, sweats. Tender subcut. infiltr. on shoulders, back of neck and abdomen.

23/8: $$v\,\frac{20{,}00}{4{,}0—8{,}0}\,a_1M\,\frac{12}{8}\,a_1A\,\frac{38}{40}\,Li\,\frac{22}{24}\,Ls\,\frac{17000}{15000}$$

Sensat. of pressure in both ears. + buzz.

25/8: $$v\,\frac{20{,}00}{4{,}0—6{,}0}\,a_1M\,\frac{11}{9}\,a_1A\,\frac{37}{35}\,Li\,\frac{20}{30}\,Ls\,\frac{17000}{15000}$$

Decreased buzz., decreased pressure on ears.

Rp. Diet with reduced salt. Gymnastics.

30/8: Considerable tension on both ears. Buzz. on l.

$$v\,\frac{20{,}00}{2{,}00}\,a_1M\,\frac{10}{8}\,a_1A\,\frac{36}{15}\,Li\,\frac{16}{55}\,Ls\,\frac{15000}{16000}$$

31/8: Salyrgan expm. No. 34. (Vol. I, pag. 55).

Rp. Fastday (i. e. 600 gr fluid + one rusk).

10/9: + headache. Buzz. unchanged.
Feeble ↘, slow phase markedly pronounced.
Amylnitr. increased ↘.

$$v\,\frac{20{,}00}{aa}\,a_1M\,\frac{12}{9}\,a_1A\,\frac{34}{15}\,Li\,\frac{15}{70}\,Ls\,\frac{17000}{15000}$$ Discharged.

No. 91. F. born 1898.

Father died of »blood disease»; mother nervous. ÷ fam. disp. to rheumatism, asthma or catarrhs.

Healthy up to now. Hearing on r. ear doubtless poor for several years. ÷ discharge. For about 1 ½ year attacks of giddn. during which she cannot stand on her feet. In same periods buzz., worse before and during attacks, decreasing afterw., but never entirely disapp. Hearing decreases during attack and remains poor for several days after, then again improves. Attacks worst when premenstr. At such times pt. hardly dare to turn her head, as she feels so unsteady. Menses sparing with 6—8 weeks interval with molimina.

During last 1 ½ years also headache over the eyes; not continuous, worst in the morning, indep. of buzz. and giddn. Inclined to pallor and lassitude. Not chilly, but hands and feet are always cold; only sweats slightly. Normal consumpt. of fluids and salt. Diuresis varying. Inclined to obstip. ÷ urticaria. ÷ eczema. ÷ rheumatism. ÷ vasomot. rhinit. ÷ oedema. ÷ paraesthesies.

Mun. Hosp. Ear Policl. 26/8-27. Height 165. Weight 59,9. Bloodpr. 125. Aures: Normal.

$$v\,\frac{15{,}00}{20{,}00}\,a_1M\,\frac{8}{15}\,a_1A\,\frac{16}{47}\,Li\,\frac{36}{16}\,Ls\,\frac{16000}{18000}$$

÷ sp. nyst. Compr. and aspir. in ext. meatus, also compr. of tragus: ÷. Amylnitr. ÷. 5 rot. $\frac{\rightarrow 13''}{\leftarrow 16''}$ Rp. Reduced fluids.

3/9: $v\,\frac{8{,}00}{20{,}00}\,a_1M\,\frac{8}{9\frac{1}{2}}\,a_1A\,\frac{22}{45}\,Li\,\frac{24}{16}\,Ls\,\frac{16000}{18000}$ + buzz. on r. side. Weight 59,8.

13/9: Sp. nyst.: ⤺. Amylnitr. ↖ strong.

$$v\,\frac{0{,}50—5{,}00}{20{,}00}\,a_1M\,\frac{11}{13}\,a_1A\,\frac{22}{60}\,Li\,\frac{36}{15}\,Ls\,\frac{16000}{17000}$$ + buzz. on r. side.

1/10: $v\,\frac{0{,}30—2{,}00}{20{,}00}\,a_1M\,\frac{10}{11}\,a_1A\,\frac{18}{45}\,Li\,\frac{40}{17}\,Ls\,\frac{17000}{17000}$ + buzz. on r. side + headache. Weight 60,2.

14/10: $v\,\frac{aa—0{,}80}{20{,}00}$ ÷ giddn. + buzz.

No. 92. M. born 1871.

Parents healthy. No. 3 of 10 healthy children.

Rheum. fever when 23, 2 months in hosp. Ischias several times. Constipated since. Always chilly; feet cold. Chilblains when a child. Bronchitis in 1904. ÷ asthma. ÷ urticaria. Very nervous esp. during later years; easily sheds tears; attacks of fear. Twice slight influenza. Never

Adm. to Bispebj. Hosp. 6/7—10/8-27 with diagn.: Neurosis cordis. Neurasth., Mb. Menièri. Since 1921 varying hearing on l. ear; in periods stonedeaf on this ear; hears worst in rainy weather. ÷ hyperaesthesia acustica. ÷ discharge. Often feels pressure on both ears.

1'attack of giddn. 1/8-25. 2'attack 2/4-27; numerous since commencing by increase of the otherwise slight buzz. and by decrease of hearing; simultan. »flap» over the ear. Attacks last some hours accomp. by nausea and vomit.; when attack is over hearing returns and buzz. decrease somewhat, but are however always present. During last 6 months considerable headache.

Defective air-passage in r. half of nose, esp. in the morning. Vasomot. rhinit. of short duration. Sweats easily. Chilly. ÷ urticaria. ÷ eczema. ÷ rheumatism. Slight dull sensations in upper parts of arms. No gastro-intest. sympt. In latter years very stout. Weighed 95 kilos few months prior to adm. Weight reduced at Bispebj. Hosp.

Adm. Mun. Hosp. Ear Dept. 20/8-27. Weight 85,3. Height 175.

Auris d. et s.: Norm. Cav. nasi: Sept. deviat. to r.

$$v\ \frac{20{,}00}{20{,}00}\ a_1M\ \frac{20}{14}\ a_1A\ \frac{43}{31—37}\ Li\ \frac{15}{20}\ Ls\ \frac{17000}{14500}\ R\ \frac{+}{+}$$ ÷ sp. nyst. Romberg ÷. 6 rot. $\frac{\rightarrow 42''}{\leftarrow 15''}$

Pt. is pale, sweats. Tender subcut. infiltr. on shoulders, back of neck and abdomen.

23/8: $v\ \frac{20{,}00}{4{,}0—8{,}0}\ a_1M\ \frac{12}{8}\ a_1A\ \frac{38}{40}\ Li\ \frac{22}{24}\ Ls\ \frac{17000}{15000}$

Sensat. of pressure in both ears. + buzz.

25/8: $v\ \frac{20{,}00}{4{,}0—6{,}0}\ a_1M\ \frac{11}{9}\ a_1A\ \frac{37}{35}\ Li\ \frac{20}{30}\ Ls\ \frac{17000}{15000}$

Decreased buzz., decreased pressure on ears.

Rp. Diet with reduced salt. Gymnastics.

30/8: Considerable tension on both ears. Buzz. on l.

$$v\ \frac{20{,}00}{2{,}00}\ a_1M\ \frac{10}{8}\ a_1A\ \frac{36}{15}\ Li\ \frac{16}{55}\ Ls\ \frac{15000}{16000}$$

31/8: Salyrgan expm. No. 34. (Vol. I, pag. 55).

Rp. Fastday (i. e. 600 gr fluid + one rusk).

10/9: + headache. Buzz. unchanged.

Feeble ↘, slow phase markedly pronounced.

Amylnitr. increased ↘.

$$v\ \frac{20{,}00}{aa}\ a_1M\ \frac{12}{9}\ a_1A\ \frac{34}{15}\ Li\ \frac{15}{70}\ Ls\ \frac{17000}{15000}$$ Discharged.

No. 91. F. born 1898.

Father died of »blood disease»; mother nervous. ÷ fam. disp. to rheumatism, asthma or catarrhs.

Healthy up to now. Hearing on r. ear doubtless poor for several years. ÷ discharge. For about 1 ½ year attacks of giddn. during which she cannot stand on her feet. In same periods buzz., worse before and during attacks, decreasing afterw., but never entirely disapp. Hearing decreases during attack and remains poor for several days after, then again improves. Attacks worst when premenstr. At such times pt. hardly dare to turn her head, as she feels so unsteady. Menses sparing with 6—8 weeks interval with molimina.

During last 1 ½ years also headache over the eyes; not continuous, worst in the morning, indep. of buzz. and giddn. Inclined to pallor and lassitude. Not chilly, but hands and feet are always cold; only sweats slightly. Normal consumpt. of fluids and salt. Diuresis varying. Inclined to obstip. ÷ urticaria. ÷ eczema. ÷ rheumatism. ÷ vasomot. rhinit. ÷ oedema. ÷ paraesthesies.

Mun. Hosp. Ear Policl. 26/8-27. Height 165. Weight 59,9. Bloodpr. 125. Aures: Normal.

$$v\,\frac{15{,}00}{20{,}00}\,a_1M\,\frac{8}{15}\,a_1A\,\frac{16}{47}\,Li\,\frac{36}{16}\,Ls\,\frac{16000}{18000}$$

÷ sp. nyst. Compr. and aspir. in ext. meatus, also compr. of tragus: ÷. Amylnitr. ÷. 5 rot. $\frac{\rightarrow 13''}{\leftarrow 16''}$ Rp. Reduced fluids.

3/9: $v\,\frac{8{,}00}{20{,}00}\,a_1M\,\frac{8}{9\frac{1}{2}}\,a_1A\,\frac{22}{45}\,Li\,\frac{24}{16}\,Ls\,\frac{16000}{18000}$ + buzz. on r. side. Weight 59,8.

13/9: Sp. nyst.: ⟵. Amylnitr. ↖ strong.

$$v\,\frac{0{,}50—5{,}00}{20{,}00}\,a_1M\,\frac{11}{13}\,a_1A\,\frac{22}{60}\,Li\,\frac{36}{15}\,Ls\,\frac{16000}{17000}$$ + buzz. on r. side.

1/10: $v\,\frac{0{,}30—2{,}00}{20{,}00}\,a_1M\,\frac{10}{11}\,a_1A\,\frac{18}{45}\,Li\,\frac{40}{17}\,Ls\,\frac{17000}{17000}$ + buzz. on r. side + headache. Weight 60,2.

14/10: $v\,\frac{aa—0{,}80}{20{,}00}$ ÷ giddn. + buzz.

No. 92. M. born 1871.

Parents healthy. No. 3 of 10 healthy children.

Rheum. fever when 23, 2 months in hosp. Ischias several times. Constipated since. Always chilly; feet cold. Chilblains when a child. Bronchitis in 1904. ÷ asthma. ÷ urticaria. Very nervous esp. during later years; easily sheds tears; attacks of fear. Twice slight influenza. Never

supp. from ear. Bilat. varying buzz. in ears indep. of salicyl and aspirin. Considers his hearing normal. Three weeks ago brief but severe attack of giddn.
Adm. Ear Dept. 10/4-28. Height 166. Weight 67,2.
Aures: Normal.

$$v\,\frac{10{,}0—15{,}00}{20{,}00}\,a_1M\ (15)\,\frac{19}{11}\,a_1A\ (40)\,\frac{27}{40}\,Li\,\frac{\times}{\times}\,Ls\,\frac{16000}{16000}$$

(× states to hear unsounded tun. fork). ÷ sp. nyst.

12/4: Distinct ⇄ in sitting posture, weakened in r. side posture; in l. sideposture: ⇝. Amylnitr. distinct ⇆ during flush. ÷ buzz. ÷ giddn.

13/4: Pt. refuses consent to lumb. punct. and is discharged.

No. 93. F. born 1888.

Mother had buzz. and was deaf. Father died at 56 of diabetes and heart stroke. No. 5 of 5 children, one died when 6 years old; a brother is nervous, the remaining 2 inclined to rheumatism. — Chlorosis when young, unable to work for a year, lost 15 kilos.

Urticaria once some years ago. ÷ rheumatism. ÷ chilliness. Chr. obstip. Abscess in both ears when 20.

Giddn. during last month as soon as she rises, lies down or turns in bed, worst when lying on r. side; giddn. so severe, that she has to be helped. Considers hearing all right. ÷ buzz.
Mun. Hosp. Ear Policl. 21/3-28. Height 161. Weight 67,3. Bloodpr. 120.
Aures: Tymp. membr. dull, distinct retract. esp. on l.

$$v\,\frac{20{,}00}{20{,}00}\,a_1M\ (15)\,\frac{9}{9}\,a_1A\ (40)\,\frac{32}{26}\,Li\,\frac{15}{15}\,Ls\,\frac{15000}{19000}$$

5 rot. $\frac{\rightarrow 30''}{\leftarrow 30''}$ Amylnitr.: ÷ nyst.

⇆ distinct during head movements, esp. when bending to r.

Large tender subcut. infiltr. in back of neck, smaller but very tender on crura, femora and upper arm.

26/3: $$v\,\frac{20{,}00}{20{,}00}\,a_1M\ (15)\,\frac{9}{10}\,a_1A\ (40)\,\frac{34}{26}\,Li\,\frac{15}{15}\,Ls\,\frac{15000}{15000}$$ Hemoglb. 84 %.

In r. side posture giddn. and ↜.

11/4: R. side posture strong ↜. Weight 67,3.

Rp. Massage. Reduced fluid intake.

2/5: Feels much better, however giddy on certain movements. Weight 66,2. R. side posture strong ↜.

14/5: Feels well. Weight 66,0. R. side posture ↜.

No. 94. F. born 1859.

Rheum. fever when 25 years old; in latter years rheumatism in shoulder. Constip. for many years. Influenza a year ago. During past year attacks of pain in heart region, accomp. by feeling of fear. An attack, observed in Dept. VI, described: Pt. complains of pain in the head and l. side of chest, lies with eyes turned upwards; strong nyst. to r. observed. Rather pale. Attack lasted 30 mins.; congested after attack and vomits.; sensorium clear except for a few movements. Pt. states that attacks are all alike. Fell in the street during an attack a year ago. Const. buzz. esp. in l. ear, this is particularly the case immediately before an attack.

Adm. Mun. Hosp. Dept. VI 7/4-28. Diagn. here: Mb. cordis (angina pect.). Arterioscl. cerebri? Hysteria (neurosis of fear).

Ophthalmoscopy: Some sclerosis of choroid. vessels on both sides, on l. eye central chorioiditis. Bloodpr. 165/100.

Transf. Ear Dept. 2/5. Height 156. Weight 65,6. Congest. Distinct subcut. infiltr. on back of neck and over shoulders, besides myalgic changes. Scalp infiltr. Tender on nape of neck.

Aures: Membr. retracted, calcar. deposits. Stet. cord. 1st sound impure at apex. Action reglr. $P_2 = A_2$.

$$v\,\frac{1{,}00}{0{,}50}\,a_1M\ (15)\,\frac{10}{10}\,a_1A\ (40)\,\frac{20}{12}\,Li\,\frac{60}{90}\,Ls\frac{11000}{9000}$$

Sp. nyst.: ←. Rp. Diet with reduced salt and fluid.

7/5: Buzz. and tenderness in l. ear. Giddy when she stands upright. ÷ sp. nyst. Rp. Massage

10/5: $v\,\frac{20{,}00}{0{,}20}\,a_1M\ (15)\,\frac{11}{10}\,a_1A\ (40)\,\frac{27}{15}\,Li\,\frac{24}{90}\,Ls\frac{13000}{7000}$

15/5: Distinct tenderness on l. proc. mast. ÷ infiltr.

17/5: Severe attack of giddn. last night. Sp. nyst. ⥁.

18/5: $v\,\frac{15{,}00}{0{,}30}\,a_1M\ (15)\,\frac{11}{10}\,a_1A\ (40)\,\frac{27}{7}\,Li\,\frac{26}{90}\,Ls\frac{17000}{10000}$ Severe l. sided buzz.

19/5: Again attack of giddn. and fear, accomp. by swelling of hands.

23/5: Const. small attacks of giddn. and fear. Pressure and severe buzz. in l. ear.

29/5: Pains in left ear. Bárány's symptom constantly present.

31/5: Removed to Dept. VI.

No. 95. F. born 1888.

Mother healthy. Father died in old age of cystitis. No. 10 of 10 children, 2 died of scrophula in infancy. A daughter rheumatism, hard hearing and buzz.

Inclined to rheumatism in joints and muscles. Hands and feet cold and numb. Cannot stand cold douche. + vasomot. rhinit. ÷ bronchit., ÷ asthma, ÷ urticaria. Drinks freely, perspiration at night latterly.

Since winter of 1925 stopping up of both ears, most on r. Period. buzz. and press. on both sides. Since 1922 gidd., esp. when pt. lifts herself from recumbent to sitting posture. Now and then unsteady, but never real attacks of giddn. Has been treated for bilat. stenosis without result.

Exam. 22/11-26. $v \frac{4,0—8,00}{4,0—8,00}$

Mun. Hosp. Ear Policl. 13/12-26. Height 157. Weight 57,0. Bloodpr. 117. Aures: ÷ retract. Articl. inc. stap. visible on both sides. L. manubr. projects reliefwise.

$v \frac{20,00}{20,00} a_1M \frac{3}{0} a_1A \frac{29}{33} Li \frac{24}{24} Ls \frac{15624}{15624}$ Bilat. buzz.

20/2-27: $v \frac{20,00}{20,00} a_1M \frac{7}{4½} a_1A \frac{31}{49} Li \frac{26}{24} Ls \frac{15624}{15624}$

28/2: $v \frac{20,00}{20,00} a_1M \frac{5}{9½} a_1A \frac{35}{48} Li \frac{60}{55} Ls \frac{16500}{16500}$ Bilat. stenosis.

Rp. Massage. Iron.

21/4: $v \frac{20,00}{20,00} a_1M \frac{6}{6} a_1A \frac{35}{45} Li \frac{40}{40} Ls \frac{17000}{17000}$ Bilat. buzz.

Vasomot. rhinit. and night sweats disappeared.

30/5: Weight 54,3. Hemoglb. 94. Sep. Iron.

4/4-28: $v \frac{20,00}{20,00} a_1M\ (15) \frac{0}{0} a_1A\ (40) \frac{15}{15} Li \frac{34}{34} Ls \frac{16000}{16000}$

27/4: $v \frac{20,00}{20,00} a_1M\ (15) \frac{0}{0} Li \frac{40}{40}$ Distinct ↘ indep. of head posture.

No. 96. F. born 1868.

Father died when 60 of meningitis; mother died of old age. No. 3 of 5 children, one died of embolia. A sister deaf with buzz., never suppuration.

Tonsillotomi when 17. When 45 protracted, watery cold in head, later no nasal symptoms. Treated in 1921 for eczema. 1924 urticaria after eating lobster.

During last 5 years buzz. in both ears. Buzz. disapp. when she is in the mountains. Never deaf, never attacks of giddn. ÷ headache. Complains principally of fatigue and buzz.

Mun. Hosp. Ear Policl. 4/8-27. Height 167. Weight 88. Bloodpr. 142. Hemoglb. 83. Aures: Membr. atrophied with distinctly translucent art. inc.-stap.

$v \frac{20,00}{20,00} a_1M \frac{5}{5} a_1A \frac{20}{30} Li \frac{20}{20} Ls \frac{16000}{14000}$ + buzz.

÷ sp. nyst. Free passage for catheter.
Adm. Ear Dept. 10/9-27. Weight 83,9. Hemoglb. 70,8. Bloodpr. 115. Skin very thick in all parts, »oedematous» esp. on crura.

÷ sp. nyst. 6 rot. $\frac{\rightarrow 25''}{\leftarrow 27''}$ Rp. Iron.

13/9: $v \frac{20,00}{5,00} a_1M \frac{7}{8} a_1A \frac{17}{18} Li \frac{20}{24} Ls \frac{17000}{16000} +$ buzz.

Rp. Diet with reduced salt and fluid. Massage. Scotch douche.

27/9: $v \frac{20,00}{20,00} a_1M \frac{5}{9} a_1A \frac{20}{30} Li \frac{24}{22} Ls \frac{17000}{16000}$

2/10: Weight 85. Discharged.

13/1-28: A fortnight ago several brief attacks of giddn. at night. Bloodpr. 118. ÷ sp. nyst. Amylnitr. ↖↙. Buzz. less. Weight 85,0. Hemoglb. 89 %.

$v \frac{20,00}{20,00} a_1M\ (15) \frac{4}{4} a_1A\ (40) \frac{18}{21} Li \frac{24}{21} Ls \frac{17000}{18000}$

1/2: $v \frac{20,00}{20,00} a_1M\ (15) \frac{7}{11} a_1A\ (40) \frac{18}{27} Li \frac{22}{21}$ Buzz. less; feels very much better.

21/6: Well, except for buzz.

No. 97. M. born 1892.

Parents healthy. Headache as child. Often ill during last 12 years. Dyspepsia, pharyng. catarrhs, colds, rheumatism. Since 1925 often slight attacks of giddn.; vomits a few mouthfulls; feels tired; sensation of a lid shutting on his ears; at the same time slight fealing of fear and heart beating. Never buzz. Considers hearing good, thinks there never was anything wrong with ears.

Adm. Mun. Hosp. Dept. VI for observ. for neurasthenia. Neurol. examin. gave nothing abnormal beyond r. pupil > l.
Exam. in Ear Polic. 1928.
Aures: Manubr. reliefwise project. Pronounced atrophy with disctinct translucent art. inc.-stap.; retract. on l. side.
Sp. nyst. ↘. Headbend. to r. ↙, headbend. to l. ↘.

$v \frac{20,00}{20,00} a_1M\ (15) \frac{11}{14} a_1A\ (40) \frac{30}{40} Li \frac{15}{15} Ls \frac{16000}{16000} \div$ buzz.

Transf. Ear Dept. 14/4-28. Height 170. Weight 87,9. Bloodpr. 130. Sp. nyst. ↙ ↓ ↘. Headbend. to r. ↙, headbend. to l. ↘ ⤵. Amylnitr. pronounced ↘ ⤵.

Calor. 18° $\frac{+ \text{ nyst.} + \text{ reversal}}{+ \text{ nyst.} + \text{ reversal}}$

18/4: $v \frac{20,00}{20,00} a_1M\ (15) \frac{12}{9} a_1A\ (40) \frac{28}{37} Li \frac{19}{15} Ls \frac{16000}{16000} \div$ buzz.

Rp. Diet with reduced salt and fluid.

20/4: Salyrgan expm. No. 49. (Vol. I, pag. 62).

23/4: Rp. Scotch douche. Gymnastics.

10/5: Sp. nyst. →. Amylnitr. during flush ←

17/5: v $\frac{20{,}00}{20{,}00}$ a_1M (15) $\frac{10}{10}$ a_1A (40) $\frac{30}{35}$ Li $\frac{15}{15}$ ÷ buzz. Weight 79,5.

6/6: Discharged for recreation in the country.

No. 98. M. born 1892.

Father syphilis, bilat. ear trouble and attacks of giddn. Mother bilat. suppur. from ears, hearing reduced, often attacks of giddn. No. 2 of 3 children, other 2 healthy.

As child weak stomach, anemia; tonsils removed. Typhus when 18. Slight attack of influenza when 25. Since then hearing poor on l. ear. Perspires easily. Inclination to congest. ÷ chilliness. ÷ rheumatism. Severe attack of giddn. in 1925 after several small attacks a year before. Since then numerous severe attacks with tendency to fall, nausea and vomit. Attacks most frequent towards morning, pt. often waking in an attack; nyst. often observed during attacks. Severe headache and tension in back of head before attack begins; buzz. only once. Not observed variations in hearing. In between attacks always feels worst in the mornings when he is unsteady; at about 16—17 o'clock an improvement sets in, quite well in the evening.

Gets very little excercise. Lost 3 kilos in weight during last month, in which he was on reduced fluid diet. Has been treated with catheteriz. Adm. Mun. Hosp. Ear Dept. 9/5-28. Height 176,5. Weight 76,6. Bloodpr. 90.

Aures: Indication of retract., deficient lustre on both sides. Cav. nasi: L. side narrow.

v $\frac{20{,}00}{0}$ V $\frac{}{0{,}30}$ a_1M (15) $\frac{10}{0}$ a_1A (40) $\frac{30}{7}$ Li $\frac{24}{>150}$ Ls $\frac{17000}{14000}$ ÷ buzz.

÷ sp. nyst. 5 rot. $\frac{\rightarrow\ 25''}{\leftarrow\ 12''}$ Amylnitr. during flush ⌒, during fading ÷.

Large typical but not tender infiltr. on crura. Slightly congested.

Rp. Diet with reduced salt and fluid. Massage. Scotch douche. Gymnastics. Finsen light.

10/5: Salyrgan expm. No. 41. (Vol. I, pag. 58).

15/5: v $\frac{}{0{,}10}$ a_1M (15) $\frac{8}{5}$ a_1A (40) $\frac{24}{7}$ Li $\frac{18}{90}$ ÷ buzz.

23/5: Salyrgan expm. No. 35. (Vol. I, pag. 56).

1/6: Salyrgan expm. No. 40. (Vol. I, pag. 57).

7/6: v $\frac{}{0{,}30}$ V $\frac{}{2{,}00}$ a_1M $\frac{8}{5}$ a_1A $\frac{26}{12}$ Li $\frac{20}{45}$ Ls $\frac{16000}{16000}$ Discharged.

21/6: v $\frac{}{0{,}50}$ a_1M $\frac{11}{5}$ a_1A $\frac{44}{14}$ Li $\frac{18}{55}$ Tired, otherwise well. Weight 72,3.

No. 99. M. born 1871.

Mother sickley, died when 53 of pneumonia. Father died when 67 of tumor vesicæ. No. 2 of 7 children; one died of cancer, one of internal hemorrhage and one of convuls.

Intestinal catarrh 20 years ago; no gastro-intest. sympt. since. Urticaria when 20. Considerable abusus spirit. formerly, now less; drinks 3—4 glasses of portwine daily and 1 or 2 bottles of beer, considerable intake of fluids, perspires easily. Bronchitis 12 years ago. ÷ asthma. Not chilly. Never pains in ears or discharge.

1925 treated with catheteriz. for bilat. buzz. and deafness, after which improvement. During last 4 years attacks of giddn. with tendency to fall to l.; cannot stand on his legs. Attacks at all times of the 24 hours. Pressure in head and severe buzz. immed. bef. attack, decreasing after attack; hearing then best. Often unsteady esp. in the morning and after a heavy sleep.

Mun. Hosp. Ear Policl. 1925: v $\frac{12{,}00}{4{,}00}$ Ls $\frac{15000}{13000}$

25/4-28: v $\frac{20{,}00}{< aa}$ a_1M (15) $\frac{10}{7}$ a_1A (40) $\frac{27}{12}$ Li $\frac{28}{>150}$ Ls $\frac{13000}{11000}$

Adm. Ear Dept. 1/5-28. Height 178. Weight 87,9. Bloodpr. 140.

Aures: Strong retract.

v $\frac{20{,}00}{aa}$ a_1M (15) $\frac{12}{10}$ a_1A (40) $\frac{37}{12}$ Li $\frac{18}{80}$ Ls $\frac{12000}{12000}$ + l. sided buzz.

÷ sp. nyst. Amylnitr. ÷.

Arcus senil. Slight tremor man. Appearance potatoric; agile.

Rp. Diet with reduced salt and fluid.

7/5: Salyrgan expm. No. 55. (Vol. I, pag. 64).

9/5: v $\frac{}{0{,}20}$ a_1M (15) $\frac{9}{8}$ a_1A (40) $\frac{29}{22}$ Li $\frac{18}{55}$ Ls $\frac{13000}{12000}$ States that a_1M and a_1A sounds much stronger on l. side than before.

10/5: Salyrgan expm. No. 56. (Vol. I, pag. 64).

15/5: Weight not reduced. Rp. Scotch douche. Excercise.

18/5: v $\frac{20{,}00}{0{,}20}$ a_1M (15) $\frac{9}{9}$ a_1A (40) $\frac{31}{10}$ Li $\frac{18}{90}$ Ls $\frac{13000}{11000}$ + buzz. on l. ear.

22/5: v $\frac{20{,}00}{2{,}00}$ a_1M (15) $\frac{9}{9}$ a_1A (40) $\frac{30}{17}$ Li $\frac{18}{24}$ Ls $\frac{13000}{11000}$ Great buzz. on l. ear.

25/5: $v\,\frac{20{,}00}{3{,}00}\,a_1M\,(15)\,\frac{9}{10}\,a_1A\;(40)\,\frac{34}{21}\,Li\,\frac{18}{24}\,Ls\,\frac{13000}{11000}$ ÷ buzz. Weight 84,0.

Discharged.

8/6: $v\,\frac{20{,}00}{6{,}00}\,a_1M\;(15)\,\frac{8}{7}\,a_1A\;(40)\,\frac{27}{23}\,Li\,\frac{18}{40}$ ÷ buzz.

22/6: $v\,\frac{20{,}00}{aa}\,a_1M\,\frac{7}{7}\,a_1A\,\frac{38}{12}\,Li\,\frac{21}{>150}\,Ls\,\frac{9000}{12000}$ + severe l. sided buzz. Weight 88,4 (+ 4400 gr). Again giddy in the morning. Sp. nyst. ⟲.

7/7: Weight 90,0. Feels unwell; strong buzz.

No. 100. F. born 1883.

Family healthy. No. 4 of 4 healthy children.

Stout for many years. Slight rheumatism in legs, nape of neck and arms since her youth. Never any ear trouble.

During past month felt strange, now and then unsteady with considerable attacks of giddn. Numb, dead feeling in l. arm. Memory affected. Urticaria over her whole body, comes at night and disturbs her sleep. Ten days ago shooting rheum. pains in front of r. ear and in r. cheek. Three days ago r. sided facial paralysis.

Adm. Mun. Hosp. 24/3-28. Height 160. Weight 106. R. sided facial paralysis.

Aures: Narrow meatus. Membr. dull. Proc. mast. d.: ÷. Tenderness in front of r. ear and whole r. cheek, on r. nerv. infraorbitalis and less on r. nerv. supraorbitalis, also somewhat tender on r. linea nuchæ.

Large tender subcut. infiltr. everywhere.

÷ sp. nyst. 5 rot. $\frac{\text{converg. spasm}}{\text{converg. spasm}}$

$v\,\frac{20{,}00}{20{,}00}\,a_1M\;(15)\,\frac{10}{15}\,a_1A\;(40)\,\frac{18}{15}\,Li\,\frac{23}{23}\,Ls\,\frac{15000}{15000}$ Buzz. on r. ear.

26/3: Facial paralysis disappearing. Rp. Salyrgan 1 ccm.

27/3: Ophthalmoscopy normal. Giddy. Convergent spasm, on relaxation nyst. ↖.

29/3: Facial paralysis almost disappeared.

$v\,\frac{20{,}00}{20{,}00}\,a_1M\,(15)\,\frac{11}{9}\,a_1A\;(40)\,\frac{22}{22}\,Li\,\frac{24}{16}\,Ls\,\frac{15000}{16000}$ + l. sided buzz., which vary.

2/4: After salyrgan noticed that hands thinner and that she felt better. Hands are now swollen again.

$v\,\frac{10{,}0—20{,}00}{10{,}0—20{,}00}\,a_1M\,(15)\,\frac{7}{8}\,a_1A\;(40)\,\frac{18}{19}\,Li\,\frac{24}{23}\,Ls\,\frac{14000}{15000}$ Violent r. sided buzz.

Sp. nyst. ⟲. Rp. Diet with reduced salt and fluid. Massage.

4/4: Perfect mobility of face.

11/4: Salyrgan expm. No. 57. (Vol. I, pag. 65). Sp. nyst. ↑↽. Very giddy, can hardly walk.

12/4: Hands much slimmer again, rings fall off. No numbness in l. arm. Pains and pressure in head almost gone.

14/4: Urine + alb. Esbach 0,5 ‰. Microscopy: + cylinders. Pressure and nausea, tenderness of the kidney regions.

18/4: Urine ÷ alb. Feels well.

23/4: $v\,\frac{20{,}00}{20{,}00}\,a_1M\ (15)\,\frac{10}{9}\,a_1A\ (40)\,\frac{30}{25}\,Li\,\frac{24}{21}\,Ls\,\frac{16000}{15000}$ ÷ buzz.

12/5: $v\,\frac{20{,}00}{20{,}00}\,a_1M\ (15)\,\frac{11}{9}\,a_1A\ (40)\,\frac{28}{25}\,Li\,\frac{17}{17}\,Ls\,\frac{16000}{17000}$ ÷ buzz.

Discharged.

23/6: Feels perfectly well. ÷ buzz. Weight 90,0.

12/10: Feels well. Perfectly free from buzz. when only keeping herself on a fluid intake of 300 gram. Weight 85.

No. 101. M. born 1867.

Inclined to rheumatism in knees and feet. Never discharge from ear or pains. Since 1920 deaf on l. ear with now and then slight buzz. At about the same time shooting pains in front and back of head irradiat. down towards both ears, also pains in nape of neck shooting down between shoulder blades. Pains contin. and severe for whole week previous to adm. to hospital. Slight attacks of giddn. for several years, esp. when he gets up or bends. During last few weeks violent attacks accomp. by rotat. sensat. with vomit. For some years indefinite tiredness in both arms and legs; there has been paralysis of l. femur and toes.
Adm. Mun. Hosp. Ear Dept. 24/9-24.
Aur. d.: Normal. Aur. s.: Small scar in post. part of membr.

$$v\,\frac{5{,}00}{0}\,a_1M\ (10)\,\frac{9}{9}\,a_1A\ (25)\,\frac{20}{9}\,Li\,\frac{24}{60}\,Ls\,\frac{14000}{9000}$$

÷ sp. nyst. Ophthalmoscopy normal.

25/9: Sp. nyst. ↓, with a quick stroke sometimes to r., sometimes to l. Nyst. in r. side posture combined with →, in l. side posture with ←: vertical component distinctly stronger by forw. bend.

26/9: Lumb. punct.: Cells 17/3, alb. 10, glob. 0. W. R. ÷.

27/9: Relief after lumb. punct.

$$v\,\frac{-}{aa}\,a_1M\ (10)\,\frac{-}{9}\,a_1A\ (25)\,\frac{-}{8}\,Li\,\frac{-}{60}\,Ls\,\frac{-}{9000}$$

1/10: Calor. (27°) $\frac{+ \text{ nyst.} + \text{ reversal}}{+ \text{ nyst.} + \text{ reversal}}$

26/10: $a_1M\ (10) \frac{}{7}\ a_1A\ (25) \frac{}{10}\ Li\ \frac{16}{18}\ Ls\ \frac{16000}{8000}$

31/10: Discharged.

31/10-26: Aur. d.: Suspicion of retract. Aur. s.: Membr. retracted, atrophic, small scar in front of manubr. with a deeper scar behind.
÷ sp. nyst.

$$v\ \frac{}{0{,}20}\ a_1M\ (10)\ \frac{10}{6\frac{1}{2}}\ a_1A\ (25)\ \frac{15}{5}\ Li\ \frac{16}{80}\ Ls\ \frac{16000}{9000}$$

Height 170. Weight 84. Bloodpr. 115. Catheteriz.: ÷ stenosis.

¼ hour later: $v\ \frac{}{3{,}50}\ a_1M\ (10)\ \frac{10}{6\frac{1}{2}}\ Li\ \frac{16}{80}$

No. 102. M. born 1888.

Parents healthy. No. 1 of 6 healthy children.

1908 pneumonia. 1910 typhus and jaundice. Constipated for many years, ÷ asthma, ÷ urticaria. Frequent watery colds (vasomot. rhinit.). For a couple of years pressure in both temples; insomnia; memory bad; irritable.

Never ear trouble. 9/2-28 attack of giddn., pt. had to catch hold. Since 14/1-28 quite fine ringing as of bells in both ears. Considers his hearing good. Was at Frederiksberg Hosp. 27/2—4/3-28 for labyrinthal trouble. Mun. Hosp. Ear Policl. 22/2-28.
Aures: Normal. Cavi nasi: Sept. deviates to l., passage narrow; r. concha inf. hypertroph. Sp. nyst. ↰↱.

$$v\ \frac{20{,}00}{< 20{,}00}\ a_1M\ (15)\ \frac{10}{10}\ a_1A\ (40)\ \frac{32}{28}\ Li\ \frac{15}{19}\ Ls\ \frac{15000}{16500}$$

Adm. Ear Dept. 30/4-28. Height 175. Weight 70,5. Bloodpr. 110.

$$v\ \frac{20{,}00}{16{,}0—18{,}00}\ a_1M\ (15)\ \frac{17}{15}\ a_1A\ (40)\ \frac{29}{27}\ Li\ \frac{18}{18}\ Ls\ \frac{17000}{17000}$$ Sp. nyst. ↰↱.
÷ infiltr.

Rp. Diet with reduced salt. 600 gr fluid. Gymnastics. Arsenic pills.

16/5: $v\ \frac{20{,}00}{20{,}00}\ a_1M\ (15)\ \frac{16}{15}\ a_1A\ (40)\ \frac{31}{37}\ Li\ \frac{15}{15}\ Ls\ \frac{17000}{17000}$

18/5: ÷ sp. nyst. Amylnitr. ÷. Weight 68,6. Feels well. Discharged.

3/8: $v\ \frac{18{,}00}{17{,}00}\ a_1M\ \frac{10}{13}\ a_1A\ \frac{52}{44}\ Li\ \frac{17}{17}\ Ls\ \frac{17000}{17000}$ + buzz. on l. side.

No. 103. F. born 1860.

Mother and mothers mother deaf when old. No. 4 of 7 children. 2 died of tub. pulm. (25 and 27 years old), one died in childbirth and the 4th died in childhood of convuls.

When 12 years old in bed for a year with coxitis. 3 attacks of cholelithiasis in course of last 3 years. Constipated for many years. During last year chilly; hands and feet cold. ÷ asthma, ÷ vasomot. rhinit., ÷ urticaria. Drinking cure for gallstone. Variable deafness for about 20 years, successfully treated with catheteriz. During last 15 years slight attacks of giddn. with nausea and now and again slight vomit., a year ago severe attack with tendency to fall to l. Came on when pt. got up. Since then attacks now and again; always unsteady, afraid to lift herself up quickly when in bed, staggers now and then always with tendency to fall to l. ÷ buzz. in ears. Headache now and then and pressure on l. ear; feels tired and is nervous.

Exam. in Ear Dept. Policl. 25/1-28. Height 158. Weight 72,2. Bloodpr. 160.

Aures: Membr. dull, slight retract. on r., strong on l. side.

÷ sp. nyst. L. side posture strong ⇝.

Large, tender subcut. infiltr. on back and arms.

Adm. Mun. Hosp. Ear Dept. 30/5-28. Weight 69,4. Hemoglb. 90 %.

$$v\,\frac{20{,}00}{0{,}10}\,a_1M\,(15)\,\frac{15}{9}\,a_1A\;\;(40)\,\frac{25}{15}\,Li\,\frac{24—30}{34}\,Ls\,\frac{15000}{12000}$$ Rp: Carlsbadsalt.

4/6: Attack of giddn. yesterday; *26/6*: Weight 66,0.

28/6: $$v\,\frac{20{,}00}{aa}\,a_1M\,(15)\,\frac{13}{10}\,a_1A\;\;(40)\,\frac{31}{20}\,Li\,\frac{24}{28}\,Ls\,\frac{7000}{7000}$$ Discharged.

No. 104. M. born 1884.

Healthy family. Treated in 1918 for dyspepsia. 1920 influenza with pneumonia and pleurisy. Now and then r. sided lumbago. A year ago very swollen, tender feet, could not wear boots in the evening. Often has colds and coughs. ÷ vasomot. rhinit., ÷ asthma. Never discharge or pain in ears.

1922 hearing began to get bad, treated with catheteriz. without result. Since then bilat. hard hearing in periods, swings up and down a great deal, often only impaired from 30 mins. to some hours; may vary several times during day. Buzz. in both ears began simult. with disease, most violent in l. ear.

First attack of giddn. 11 months ago, was unable to stand on his feet. Vomit. and more violent buzz. Attack passed away in course of some days. Afterw. smaller attacks during 6 months, then again a violent attack. During attacks sensat. of lid shut over l. ear. Hears best immed. after attack. But slight headache. Does not feel unsteady in the morning.

Adm. Mun. Hosp. Ear Dept. 19/2-28. Height 185. Weight 85,2.

Cav. nasi: Deviat. of septum to r. Conchæ inff. hypertrophic. Aures: Normal. Sp. nyst. ↗ →

$$v\,\frac{20{,}00}{20{,}00}\,a_1M\ (15)\,\frac{12}{11}\,a_1A\ (40)\,\frac{25}{30}\,Li\,\frac{15}{17}\,Ls\,\frac{15000}{16000}$$ Inconsiderable buzz. on l. ear.

÷ subcut. infiltr.

27/2: Salyrgan expm. No. 58. (Vol. I, pag. 65).

1/3: Rp. Diet with reduced salt and fluid.

3/3: Attack this evening, + nausea, + vomit., + headache.

$$v\,\frac{20{,}00}{20{,}00}\,a_1M\ (15)\,\frac{11}{11}\,a_1A\ (40)\,\frac{27}{32}\,Li\,\frac{15}{15}\,Ls\,\frac{18000}{18000}$$ ÷ buzz.

Rp. Catheteriz. Extra diet.

20/3: Discharged.

No. 105. M. born 1876.

Father unknown. Mother healthy.

Health always good. Never discharge from ear or pains. First attack of giddn. 24 years ago, fell straight backw. A week later a slighter attack, then free from attacks for 14 years, then again a couple of attacks and free for 7 years after which attacks reappeared. Last attack a week ago, lasted 3 hours, ÷ vomit. During attacks head feels heavy, pressure in l. ear. Never buzz. Hearing on l. ear steadily decreasing last 10 years. Perspires easily esp. during last 6—7 years, thirsts a great deal, eats much salt. ÷ chilliness, ÷ asthma. In the summer eczema in armpits. No gastro-intest. sympt.

Adm. Mun. Hosp. Ear Dept. 20/2-28. Height 168. Weight 80,4. Bloodpr. 160. Congested.

Aures: Retract. esp. on l. side, calcar. deposits in front, membr. dull. On l. side arc. senilis myringis.

Sp. nyst. ↖ ↙. Compr. of tragus and carotis ÷.

$$v\,\frac{20{,}00}{0{,}05—0{,}10}\,a_1M\ (15)\,\frac{7}{7}\,a_1A\ (40)\,\frac{27}{13}\,Li\,\frac{15}{30}\,Ls\,\frac{11500}{9000}$$

24/2: Salyrgan expm. No. 36 (Vol. I, pag. 56).

25/2: Pt. declares his hearing is better since last evening, has verified this with his watch.

27/2: Weight 78,5. Thirsty. $v\,\frac{20{,}00}{0{,}10}\,a_1M\ (15)\,\frac{9}{5}\,a_1A\ (40)\,\frac{27}{17}\,Li\,\frac{15}{26}\,Ls\,\frac{12500}{10000}$

Rp. Diet with reduced salt and fluid (600 gr).

29/2: $v\,\frac{20{,}00}{0{,}75}\,a_1M\ (15)\,\frac{7}{8}\,a_1A\ (40)\,\frac{27}{18}\,Li\,\frac{15}{24}\,Ls\,\frac{13000}{10000}$ Weight 77,7.

Rp. Scotch douche. Gymnastics.

1/3: $v\,\frac{20{,}00}{0{,}2—4{,}00}\,a_1M\ (15)\,\frac{9}{8}\,a_1A\ (40)\,\frac{31}{18}\,Li\,\frac{15}{30}\,Ls\,\frac{12000}{10000}$ Hearing best in evening, closed up in morning.

5/3: Salyrgan expm. No. 50. (Vol. I, pag. 62).

8/3: Weight 77,2. Discharged.

No. 106. M. born 1889.

Mother very stout, nephritis when young; otherwise healthy family. — Abusus spirit. formerly, now total abstainer for 6 months. Suddenly deaf on both ears 2 ½ years ago, hearing returned quickly again on r. side, but since poor on l. At same time unsteady when he got out of bed in the morning; never giddy. Since illness commenced buzz. in l. ear. Increased in weight during last 3 years.

Mun. Hosp. Ear Policl. 28/2-28. Face very florid; fat.

Auris d.: Distinct retract., relieflike project. manubr. Auris s.: Slight retraction, lustre somewhat diminished.

$$v\,\frac{20{,}00}{0{,}10}\,V\,\frac{Bá}{5{,}00}\,a_1M\ (15)\,\frac{8}{4}\,a_1A\ (40)\,\frac{12}{0—1}\,Li\,\frac{20}{32}\,Ls\,\frac{17000}{13000}\ \div \text{ sp. nyst.}$$

5 rot. $\frac{\rightarrow 25''}{\leftarrow 25''}$ Calor. 18° $\frac{+\text{ nyst. }+\text{ reversal}}{+\text{ nyst. }+\text{ reversal}}$

3/3-28: $v\,\frac{20{,}00}{<\text{aa}}\,a_1M\ (15)\,\frac{12}{6}\,a_1A\ (40)\,\frac{27}{6}\,Li\,\frac{15}{24}\,Ls\,\frac{16000}{15000}$ Sp. nyst. ↶↙.

Amylnitr. ↓.

Adm. Ear Dept. 8/3-28. Height 171. Weight 82,15.

Heart boundaries normal. Distinct blowing syst. sound at base.

Strong ⇄. Amylnitr. increas. nyst. without change of character.

$$v\,\frac{20{,}00}{\text{aa}}\,V\,\frac{}{0{,}10}\,a_1M\ (15)\,\frac{11}{5\frac{1}{2}}\,a_1A\ (40)\,\frac{20}{2}\,Li\,\frac{16}{27}\,Ls\,\frac{18000}{14000}$$

9/3: Lumb. punct.: Cells 24/3, alb. 10, glob. 0. W. R. ÷.

12/3: Salyrgan expm. No. 39. (Vol. I, pag. 57). Rp. Reduced fluid (500 gr).

16/3: Rp. Diet with reduced salt.

20/3: $v\,\frac{20{,}00}{0{,}10—2{,}50}\,a_1M\ (15)\,\frac{6\frac{1}{2}}{5}\,a_1A\ (40)\,\frac{23}{11}\,Li\,\frac{15}{24}\,Ls\,\frac{15500}{13000}$

Rp. Gymnastics. Scotch douche.

Refuses to thirst cure. Discharged.

No. 107. M. born 1867.

Father rheumatic, died when 85. No. 8 of 9 children of whom 3 died in infancy of diphtheria. A brother chr. nephritis with hypertension.

Typhus when 18 after which for several years colitis with alternating diarrhoea and obstip. Inclined to rheumatism and vasomot. rhinit., ÷ headache, ÷ urticaria, ÷ eczema, ÷ asthma. Health good. Drinks a great deal on account of rheumatism.

Never discharge from ear or pains. Severe attack of giddn. 30/5-25 again on 1/4, 6/8 and 23/9, since then no severe attack. All attacks alike with tendency to fall to right, staggering gait, violent vomit. and diarrhoea; violent buzz. in ear at same time. Since then periodical. buzz. and variable hearing on l. ear. Hears out of tune with l. ear. Has been treated with catheteriz. L. sided tubal stenosis several times.

Mun. Hosp. Policl. 4/5-26. Auris d.: Normal. Auris s.: Distinct retraction.

$$v\ \frac{20{,}00}{20{,}00}\ a_1M\ (10)\ \frac{7}{6}\ a_1A\ (25)\ \frac{30}{25}\ Li\ \frac{19}{17}\ Ls\ \frac{18000}{16500} \div \text{buzz.}$$

14/10: $v\ \frac{20{,}00}{20{,}00}\ a_1M\ (15)\ \frac{8}{11}\ a_1A\ (60)\ \frac{62}{50}\ Li\ \frac{15}{28}\ Ls\ \frac{15000}{13500}$ Considerable buzz. on l. side. Catheter passes with difficulty on l. side.

30/8-27: $v\ \frac{20{,}00}{20{,}00}\ a_1M\ \frac{9}{10}\ a_1A\ \frac{45}{50}\ Li\ \frac{24}{24}\ Ls\ \frac{17000}{16000} \div \text{buzz.}$

18/5-28: Height 172. Weight 80,5. Does not feel so well, buzz. in l. ear. Inconsiderable subcut. infiltr. between shoulder blades. Slight oedema around malleoli on r. side.

$$v\ \frac{20{,}00}{20{,}00}\ a_1M\ (15)\ \frac{10}{10}\ a_1A\ (40)\ \frac{30}{21}\ Li\ \frac{18}{32}\ Ls\ \frac{16000}{16000}\ \text{Sp.}\ \leftrightarrows.$$

21/5: Weight 79. Much better, drinks a liter less a-day.

$$v\ \frac{20{,}00}{20{,}00}\ a_1M\ (15)\ \frac{15}{11}\ a_1A\ (40)\ \frac{35}{21}\ Li\ \frac{18}{34} \div \text{buzz.} \div \text{sp. nyst.}$$

6/6: $v\ \frac{20{,}00}{20{,}00}\ a_1M\ (15)\ \frac{15}{13}\ a_1A\ (40)\ \frac{40}{38}\ Li\ \frac{17}{23} \div$ buzz., feels well.

No. 108. M. born 1882.

Father died from cancer. Mother healthy. A daughter pleuritis. Rheumatism for several years, tonsils removed on this account 1924; still rheumatism in joints. Never discharge from ears or pain.

Attacks of giddn. during past year, also unsteadiness, attacks come 2 or 3 times a month; at same time vomits, slight headache and glimmering in eyes. ÷ buzz. ÷ deafness. ÷ tiredness.

Mun. Hosp. Ear Policl. 1/6 1928. Height 175. Weight 99. Bloodpr. 135. Sp. nyst. ⇉. R. side posture ↘. L. side posture ⇉. Auris d.: Normal. Auris s.: Very slight retraction.

$$v\ \frac{20{,}00}{20{,}00}\ a_1M\ (15)\ \frac{8}{7}\ a_1A\ (40)\ \frac{27}{35}\ Li\ \frac{15}{15}\ Ls\ \frac{18000}{17000}$$

Adm. Ear. Dept. 3/6 1928. Weight 95,5.

÷ sp. nyst. 5 rot. $\frac{\rightarrow 35''}{\leftarrow 25''}$

4/6: Sp. nyst. ⇄.

7/6: Rp. Scotch douche. Gymnastics. Diet with reduced salt and fluid.

11/6: Lumb. pains yesterday. Has passed 2 stones. Rp. Finsen light.

14/6: $v\ \frac{20{,}00}{20{,}00}\ a_1M\ (15)\ \frac{7}{7}\ a_1A\ (40)\ \frac{22}{24—30}\ Li\ \frac{15}{15}\ Ls\ \frac{17000}{17000}$

15/6: Sp. nyst. ⇄. Weight 91,1. Discharged.

No. 109. F. born 1873.

Father died of tub. pulm.

Tub. pulm. 25 years ago, meningitis 36 years ago, rheum. fever 17 years ago, phlebitis 26 years ago. After an injury to the head 18 years ago deaf on l. ear for about 1 year. Catheteriz. 6—7 years ago on account of l. sided buzz. Since periodical buzz. in l. ear. Knows nothing as to decrease of hearing, can hear in telephone with l. ear. About a week ago buzz. in l. ear worse, 2 days ago totally deaf on l. ear. Giddn. and frontal headache last few days.

2/6: Sp. nyst., r. side posture ←.

Adm. Mun. Hosp. Ear Dept. 5/6-28. Height 152. Weight 67,2.

Aur. d.: Normal. Aur. s.: Membr. dull. Round scar visible above proc. br.

$$v\ \frac{20{,}00}{0}\ V\ \frac{}{0}\ a_1M\ \frac{17}{0}\ a_1A\ \frac{26}{0}\ Li\ \frac{60}{>150}\ Ls\ \frac{12000}{\div M}$$

÷ sp. nyst. 5 rot. $\frac{\rightarrow 23''}{\leftarrow 23''}$ Calor. (18°) $\frac{+\text{ nyst. reversal}}{+\text{ nyst. reversal}}$

÷ fistula symptom. — Large and tender, subcut. infiltr. on lower extrm.; slight varices here.

6/6: Salyrgan expm. No. 59. (Vol. I, pag. 66).

7/6: Rp. Scotch douche. Massage. Diet with reduced salt and fluid. Finsen light.

21/6: $v\ \frac{20{,}00}{}\ V\ \frac{}{aa}\ a_1M\ \frac{9}{8\text{ vbr.}}\ a_1A\ \frac{32}{10}\ Li\ \frac{20}{>150}\ Ls\ \frac{11000}{11000}$

22/6: Salyrgan expm. No. 37. (Vol. I, pag. 56).

Head bend. to r. ⇆. ÷ fistula symptom. 5 rot. $\frac{\leftarrow 30''}{\rightarrow 20''}$

4/7: Salyrgan expm. No. 38. (Vol. I, pag. 57).

16/7: Salyrgan expm. No. 42. (Vol. I, pag. 58).

17/9: $V\ \frac{}{0{,}30}\ a_1M\ \frac{9}{8}\ a_1A\ \frac{31}{18}\ Li\ \frac{32}{50}\ Ls\ \frac{11000}{11000}$ Feels well.

No. 110. F. born 1882.

Deaf on r. ear from childhood; never discharge. For last 3—4 days deaf on l. ear. ÷ buzz. Unsteady for last month. Attack of giddn. 4 weeks ago.

Mun. Hosp. Ear Policl. 10/10-27. Pt. very stout.

Aures: Membr. much altered, atrophic and retracted.

$$v\ \frac{0{,}20}{0}\ V\ \frac{4{,}00}{4{,}00}\ a_1M\ \frac{15}{22}\ a_1A\ \frac{12}{20}\ Li\ \frac{50}{80}\ Ls\ \frac{14000}{14000}\ R\ \frac{\div}{\div}$$

÷ tubal stenosis.

29/10: Hearing spontaneously much improved. ÷ giddn.

$$v\ \frac{0{,}40}{1{,}00}\ V\ \frac{20{,}00}{20{,}00}\ a_1M\ \frac{18}{20}\ a_1A\ \frac{10}{27}\ Li\ \frac{30}{24}\ Ls\ \frac{17000}{17000}\ R\ \frac{\div}{\div}$$

÷ sp. nyst. Amylnitr. strong ⇄↘.

No. 111. F. born 1898.

Mother nervous. No. 3 of 3 children. A sister eczema for many years, died of embolia. Often headache and vomit. as a child. Menses since 14, reglr. and abundant, always accomp. by premenst. pains for which abrasio mucosæ uteri in 1916 without relief. Treated in 1925 and 1927 for abdominal inflamm. Right ovary removed in 1927.

Never discharge from ears or pains. During last 3 months tired and severe headaches, worst in the morning, localised to both temples and nape of neck.

Very nervous; noises irritat.; chilly, pains in loins when in cold places. Feet cold. ÷ urticaria, ÷ asthma, ÷ bronchitis, ÷ vasomot. rhinit. Last 10 years progress. hard hearing on r. ear, but pt. has been quite indifferent about it and can give no further information. ÷ buzz. Never serious attack of giddn., but often unsteady.

Transf. Mun. Hosp. Ear Dept. 18/5-28 from Dept. II, diagn. here: Neurasthenia. Largish subcut. infiltr. on crura. Height 163,5. Weight 61,1. Aures: Rather strong retract.

$$v\ \frac{0{,}40}{20{,}00}\ a_1M\ (15)\ \frac{10}{15}\ a_1A\ (40)\ \frac{8}{30}\ Li\ \frac{70}{22}\ Ls\ \frac{16000}{17000}\ R\ \frac{\div}{+}$$ Buzz. ÷.

÷ sp. nyst. 5 rot. $\frac{\rightarrow 13}{\leftarrow 33}$ Amylnitr. distinct ⇆.

Rp. Diet with reduced salt and fluid (600 gr).

24/5: Rp. Scotch douche. Massage.

1/6: Salyrgan expm. No. 60. (Vol. I, pag. 66).

7/6: $$v\ \frac{1{,}50}{20{,}00}\ a_1M\ (15)\ \frac{14}{15}\ a_1A\ (40)\ \frac{14}{40}\ Li\ \frac{40}{17}\ Ls\ \frac{16000}{16000}\ R\ \div$$

11/6: Rp. Finsen light.

14/6: $v\ \frac{1,00}{20,00}\ a_1M\ (15)\ \frac{11}{11}\ a_1A\ (40)\ \frac{12}{27}\ Li\ \frac{40}{15}\ Ls\ \frac{16000}{16000}$

19/6: Discharged.

No. 112. M. born 1866.

Mother died when pt. was 2 years old, cause unknown. Father died of bronchitis when 75. No. 3 of 4 children of whom one died of scrophula when 17, one of apoplexy, one killed in an accident.

Susceptible to cold for many years; fingers become numb when she washes in cold water. + vasomot. rhinit. Eczema on all fingers in winter. ÷ urticaria ÷ asthma, ÷ gastro-intest. trouble. Normal intake of fluids and salt. Never discharge from ears or pain.

Hearing on r. ear bad during past year; buzz. on same side. Buzz. worst when pt. is in bed and in the morning. Attack of giddn. with vomit., diarrhoea and great perspiration 4 ½ months ago. Severe frontal headache last 3 weeks.

Exam. Mun. Hosp. Ear Policl. 13/10-27.
Auris d.: Membr. dull, slight retract. behind the vertically standing manubrium. Auris s.: Normal. Cav. nasi: Deviat. of septum to l.

Sp. nyst. ⌒. $v\ \frac{0,30}{0,30}\ V\ \frac{10,00}{12,00}\ a_1M\ \frac{10}{10}\ a_1A\ \frac{25}{40}\ Li\ \frac{24}{24}\ Ls\ \frac{13000}{13000}$

Adm. Ear Dept. 18/11-27. Height 158. Weight 49,5. Bloodpr. 145. Sp. nyst. ⇄ indep. of headposture. Calor. $18°\ \frac{+\text{ nyst. }+\text{reversal}}{+\text{ nyst. }+\text{reversal}}$

$v\ \frac{0,10}{2,00}\ V\ \frac{8,00}{20,00}\ a_1M\ (15)\ \frac{6}{8\ ½}\ a_1A\ (40)\ \frac{18}{35}\ Li\ \frac{23}{23}\ Ls\ \frac{12000}{14000}$

Urine + sugar (med. dept. diagn.: Diabetis renalis). Later no sugar. Stet. pulm.: Dullness above l. apex with bronch. respir. and sparing ronchi. Slight bluish discolouration of toes.

26/11: Rp. Diet with reduced salt and fluid.

29/11: $v\ \frac{0,10}{14,00}\ a_1M\ (15)\ \frac{7}{10}\ a_1A\ (40)\ \frac{19}{34}\ Li\ \frac{23}{17}\ Ls\ \frac{14000}{13000}$ Slight ringing in r. ear. Hemoglb. 99 %.

1/12: R. sided tubal stenosis.

6/12: $v\ \frac{0,10}{1,0—10,00}\ a_1M\ (15)\ \frac{6}{10}\ a_1A\ (40)\ \frac{19}{30}\ Li\ \frac{18}{16}\ Ls\ \frac{15000}{16000}$ ÷ buzz.

17/12: $v\ \frac{0,40}{20,00}\ a_1M\ (15)\ \frac{8}{8}\ a_1A\ (40)\ \frac{18}{32}\ Li\ \frac{24}{18}\ Ls\ \frac{15000}{12000}$ ÷ buzz. ÷ headache.

Discharged.

27/1-28: $v\ \frac{0,20}{4,00}\ a_1M\ (15)\ \frac{9}{6}\ a_1A\ (40)\ \frac{18}{30}\ Li\ \frac{32}{23}\ Ls\ \frac{16000}{15500}$ ÷ buzz. Weight 57,2.

30/3: v $\frac{0{,}20}{10{,}0—15{,}0}$ a_1M (15) $\frac{10}{12}$ a_1A (40) $\frac{23}{32}$ Li $\frac{24}{15}$ Ls $\frac{12000}{11500}$ ÷ buzz.

1/5: v $\frac{0{,}20}{0{,}10—0{,}50}$ a_1M (15) $\frac{7}{7}$ a_1A (40) $\frac{23}{34}$ Li $\frac{18}{18}$ Ls $\frac{12000}{9000}$ ÷ buzz.

Feels well. ÷ sp. nyst. Urine normal. Has put on 7,7 kilos in last 6 months.

No. 113. M. born 1893.

Father died when 38 of tub. pulm. No. 3 of 7 children all dead in infancy, cause unknown.

Refused as conscript on account of lung trouble. Does not cough. Perspires at night. Weight const. Very nervous, sleeps badly during last 2—3 years. Very chilly. + eczema. Never discharge from ears or pain.

During last 2 years often slight attacks of giddn., obliged to get off when bicycling. Buzz. in r. ear during last month. Considers hearing good. Mun. Hosp. Ear Policl. 24/1-28. Aur. d.: Membr. dull, thickened, retracted. Cav. nasi: Crista on r. side.

v $\frac{14{,}00}{20{,}00}$ a_1M (15) $\frac{9}{9}$ a_1A (40) $\frac{18}{32}$ Li $\frac{24}{19}$ Ls $\frac{18000}{19000}$ Tubes free. ÷ sp. nyst.

5 rot. $\frac{\rightarrow 25}{\leftarrow 40}$

28/1: Sp. nyst. ⟲.

Adm. Ear Dept. 30/1-28. Height 163. Weight 63,5.

v $\frac{13{,}00}{20{,}00}$ a_1M (15) $\frac{11}{13}$ a_1A (40) $\frac{16}{25}$ Li $\frac{26}{20}$ Ls $\frac{17500}{18000}$ ÷ sp. nyst.

Amylnitr. ↗.

31/1: v $\frac{2{,}0—3{,}00}{20{,}00}$ a_1M (15) $\frac{9}{10}$ a_1A (40) $\frac{24}{32}$ Li $\frac{28}{19}$ Slight r. sided buzz.

Rp. Diet with reduced salt and fluid.

1/2: v $\frac{10{,}00}{20{,}00}$ a_1M (15) $\frac{9}{10}$ a_1A (40) $\frac{24}{32}$ Li $\frac{28}{19}$

4/2: v $\frac{10{,}00}{20{,}00}$ a_1M (15) $\frac{11}{11\frac{1}{2}}$ a_1A (40) $\frac{24}{29}$ Li $\frac{22}{18}$ Free from buzz. for first time in 2 months. Lost 2 kilos last 4 days.

Rp. Scotch douche. Gymnastics.

6/3: Feels perfectly well. Discharged.

No. 114. F. born 1893.

Healthy family. A sister deaf from scarlet fever.

Well until a year ago, when she, without visible cause miscarried at 7 months. Giddy for last year, feels as if on deck of a ship; never fallen, ÷ vomit., + buzz.

Considers her hearing good. Easily gets palpitations and flushings; restless. Depressed during menses. Diuresis varies, copious immed. before menses. Inclined to swollen feet.
Mun. Hosp. Ear Policl. 1/10-26. Height 162. Weight 62,5. Bloodpr. 110. Aures: Normal.

$$v\,\frac{20{,}00}{20{,}00}\,a_1M\,\frac{15}{16}\,a_1A\,\frac{65}{60}\,Li\,\frac{24}{24}\,Ls\,\frac{12000}{14000}$$ Sp. nyst. ⟳.

Slight exophthalmus on r. side. Thyreoid gland perhaps a slight diffusedly increased. ÷ tachycardia. Oedema around l. malleolus and slight infiltr.

8/10: $v\,\frac{20{,}00}{20{,}00}\,a_1M\,\frac{10}{9\frac{1}{2}}\,a_1A\,\frac{62}{47}\,Li\,\frac{19}{24}\,Ls\,\frac{15000}{14000}$ Violent noise in head. ÷ sp. nyst.

14/1-27: Feels much better. ÷ buzz., ÷ headache, ÷ giddn.

$$v\,\frac{20{,}00}{20{,}00}\,a_1M\,\frac{12}{8}\,a_1A\,\frac{41}{50}\,Li\,\frac{24}{14}\,Ls\,\frac{16500}{16500}$$ ÷ sp. nyst. Weight 60,0.

No. 115. M. born 1869.

Mother died of old age. Six children of whom 2 are dead.

Dropsy when 35 years old with swollen legs and stomach, since twice treated for same complaint. Rheumatism in arms and legs for many years. ÷ urticaria. ÷ asthma ÷ vasomot. rhinit. Not chilly. Large consumpt. of fluids and salt.

Never discharge from ears or pains. Last 2 years attacks of giddn., during which unable to stand upright. Attacks may come several times in one week but there can also go months between them; they last from 10—20 mins., come esp. in the mornings. Very variable hearing and buzz. on l. side during past year. Not observed his case much, has not noticed any relation between hearing, buzz. and attacks.
Mun. Hosp. Ear Policl.23/5-28.
Auris. d.: Tymp. membr. norm. Auris s.: Slight atrophy and retract., inject. along manubr.

$$v\,\frac{20{,}00}{0}\,V\,\frac{}{0{,}40}\,a_1M\ (15)\,\frac{12}{8}\,a_1A\ (40)\,\frac{34}{14}\,Li\,\frac{15}{28}\,Ls\,\frac{16000}{12000}$$ Sp. nyst. ⟲

5 rot. $\frac{\rightarrow 22''}{\leftarrow 33''}$ Calor. (18°) $\frac{+\text{ nyst. }+\text{ reversal}}{+\text{ nyst. }+\text{ reversal}}$

Adm. Ear Dept. 14/6-28. Height 165. Weight 61,5. Bloodpr. 160. Sp. nyst. ⟲ indep. of headposture; unaffected by amylnitr.
No subcut. infiltr.

16/6: $v\,\frac{20{,}00}{0}\,a_1M\ (15)\,\frac{9}{0}\,a_1A\ (40)\,\frac{30}{14}\,Li\,\frac{15}{38}\,Ls\,\frac{18000}{16000}$ Sp. nyst. ↙

18/6: Rp. Diet with reduced salt and fluid. Scotch douche. Gymnastics.

19/6: Salyrgan expm. No. 23. (Vol. I, pag. 51).

26/6: $v\ \frac{14,00}{0,10}\ a_1M\ \frac{12}{8}\ a_1A\ \frac{40}{25}\ Li\ \frac{*}{*}\ Ls\ \frac{16000}{16000}$ (*states to hear unsounded tun. fork).

1/7: $v\ \frac{13,00}{0,10}\ a_1M\ \frac{16}{13}\ a_1A\ \frac{47}{30}\ Li\ \frac{15}{23}\ Ls\ \frac{16000}{16000}$

10/7: Salyrgan expm. No. 51. (Vol. I, pag. 62).

12/7: $v\ \frac{20,00}{0,20—0,30}\ a_1M\ \frac{13}{11}\ a_1A\ \frac{55}{32}\ Li\ \frac{15}{21}\ Ls\ \frac{16000}{13000}$ Discharged.

No. 116. M. born 1869.

Family healthy.

First attack of giddn. 18 years ago with one a month later; then free for 2 ½ years, when a couple of attacks occured with few weeks interval; after this no attacks for a long period. Last attack 3 weeks ago. All attacks alike, pt. feels seasick, has nausea and vomits now and again; never any buzz. during attacks. Declares hearing to be good.

Discharge from l. ear 7—8 years ago lasting several months, never since. Boiling sound in l. ear at that time, otherwise never buzz. Disagreable headaches indep. of attacks.

Fluid intake normal, eats a great deal of salt. No informat. obtainable as to diuresis. Perspires much on feet. ÷ urticaria, ÷ asthma, ÷ chilliness. During last 4 years tremor of hands and head.

Adm. Mun. Hosp. Ear Dept. 4/3-28. Height 173,5. Weight 76,9. Bloodpr. 140. Auris d.: Somewhat retracted. Auris s.: Post. part of membr. cannot be seen, otherwise norm. condit.

$$v\ \frac{20,00}{20,00}\ a_1M\ (15)\ \frac{14}{12½}\ a_1A\ (40)\ \frac{33}{32}\ Li\ \frac{15}{15}\ Ls\ \frac{15000}{16000}$$

Sp. nyst. ⇄, diminished in r. side posture.

5/3: Lumb. punct. Cells 7—8/3, alb. 7, glob. 0. W. R. ÷. Ophthalmoscopy normal.

9/3: Last few days pain in nape of neck and between shoulder blades.

Rp. Mixt. salicyl. natr. gr. 15 × 6.

12/3: $v\ \frac{1,25—6,00}{1,00}\ a_1M\ (15)\ \frac{4}{6}\ a_1A\ (40)\ \frac{26}{16}\ Li\ \frac{*}{*}\ Ls\ \frac{14000}{12000}$ (*states he hears unstruck fork). + buzz. esp. in l. ear.

13/3: Pain in nape of neck disapp.; feels poorly and unsteady on feet, thirsty. Considerable bilat. buzz. Weight 74,0.

$$v\ \frac{0,40}{0,10}\ a_1M\ (15)\ \frac{6}{4}\ a_1A\ (40)\ \frac{18}{17}\ Li\ \frac{?}{?}\ Ls\ \frac{12000}{11000}$$ Sep. salicyl.

20/3: $v\ \frac{20{,}00}{20{,}00}\ a_1M\ (15)\ \frac{15}{15}\ a_1A\ (40)\ \frac{41}{44}\ Li\ \frac{15}{15}\ Ls \div$ buzz. Weight 74,8.

Discharged.

7/6: $v\ \frac{20{,}00}{20{,}00}\ a_1M\ (15)\ \frac{8}{11}\ a_1A\ (40)\ \frac{30}{33}\ Li\ \frac{15}{15}\ Ls\ \frac{16000}{16000}$ Feels well. ÷ buzz.

No. 117. F. born 1913.

Father healthy. Mother nervous, const. headache. No. 5 of 16 children of whom 7 died immediately after birth. The eldest sister eczema and asthma since 3 years old (now 19). One sister anemia. All have urticaria, one brother psoriasis.

Pain in l. ear 2/3-28; following day incision of tymp. membr.; subsequent copious secretion of pus for 2 days, then sparing. During first 8 days constant vomiting. When pt. got up again on 12/3 diplopia was observed and she was consequently adm. to Mun. Hosp. Dept. VI on 16/3, where the diagnosis was: Encephalitis epidemica, meningitis serosa circumscripta, pyelitis. Ear Policl. 17/3.

Aures: Much retracted, otherwise normal.

$\div$ sp. nyst. 5 rot. $\frac{\rightarrow 15''}{\leftarrow 15''}$

$v\ \frac{20{,}00}{0{,}50}\ a_1M\ (15)\ \frac{14}{14}\ a_1A\ (40)\ \frac{30}{25}\ Li\ \frac{20}{38}\ Ls\ \frac{19000}{19000}$ Buzz. on l. ear.

10/4: $v\ \frac{}{0{,}5—0{,}75} \div$ sp. nyst. 5 rot. $\frac{\rightarrow 18}{\leftarrow 21}$

Lumb. punct. Cells 5/7, alb. 5, glob. 0. + oedema pupillæ nervi optici + paresis nervi abducent. sin.

During stay in Dept. VI, lasting 2 months, hearing and buzz. in ears were very variable as also headache and diplopia. Oedema of the papilla found by repeated exam. Now and then attacks of giddn., however of quite short duration. Temp. normal.

Pyuria from 1/4 treated with salol ctgr 50 × 3 and 1 liter of boiled water. Diuresis remarkably sparing. Pirquet ÷.

Transf. to Ear Dept. 16/5-28. Height 145. Weight 47.

$v\ \frac{20{,}00}{0{,}20}\ a_1M\ (15)\ \frac{15}{14}\ a_1A\ (40)\ \frac{29}{19}\ Li\ \frac{*}{*}$ (states she hears unsounded fork).

+ buzz.

Dubious sp. nyst., perhaps ↙, in any case slow phase upwards. Amyl-nitr. distinct ↙.

Congested; skin of lower extrm. cyanotic.

Enorm. subcut. infiltr. on arms and legs and under mamma, pt.'s age taken into consideration. Hands cold and cyanotic. L. sided abducens paresis.

Urine: + traces of pus, ÷ T. B.

Rp. Diet with reduced salt and fluid. Massage. Finsen light. Gymnastics.

25/5: ÷ diplopia, buzz. less.

18/6: v $\frac{}{0{,}40—0{,}60}$ Declares she hears better.

Movement of eyes free. Both papillae still somwhat swollen, with undistinct boundaries. Vessels tortuous, no hemorrhage nor exsudates.

19/6: Rp. Catheteriz.

21/6: v $\frac{20{,}00}{20{,}00}$ a_1M $\frac{17}{21}$ a_1A $\frac{60}{60}$ Li $\frac{15}{15}$ Ls $\frac{19000}{19000}$ ÷ buzz.

25/6: Ophthalmoscopy as on 18/6. Has lost 900 gram during last 5 days. Weight 45,7.

v $\frac{20{,}00}{20{,}00}$ a_1M $\frac{17}{20}$ a_1A $\frac{60}{60}$ Ls $\frac{19000}{19000}$ Discharged.

Diuresis satisfactory whilst on diet with reduced salt.

No. 118. M. born 1896.

Healthy family. Otitis in childhood, no further particulars known. Frequent angina and l. sided frontal headache. Sudden, severe attack of giddn. 2 days ago after having had buzz. and sensat. of a lid closed on l. ear for 3 or 4 days. Buzz. ceased when attack commenced, but appeared again following day. No doubt heard badly now and again, but is quite unable to give further informat. as to hearing.

Mun. Hosp. Ear Policl. 25/2-27. Height 181. Weight 82 net. Bloodpr. 117. Auris d.: Lustreless. Auris s.: Slight atrophy, with distinct artic. incud.-stap. Cav. nasi: Deviat. of sept. to l.

v $\frac{20{,}00}{20{,}00}$ a_1M $\frac{12}{13}$ a_1A $\frac{39}{30}$ Li $\frac{20}{26}$ Ls $\frac{15000}{14000}$

Right side posture ⌒. Amylnitr. ÷. Impermeable bilat. stenosis.

2/12: Yesterday violent vasomot. rhinit., lasting 10 mins.

13/12: Whistling noises in both ears, worst in l. Hears telephone badly with l. ear.

v $\frac{20{,}00}{10{,}00}$ a_1M $\frac{15}{15}$ a_1A $\frac{40}{30}$ Li $\frac{34}{32}$ Ls $\frac{17000}{16000}$ L. sided buzz.

Obstinate l. sided stenosis.

No subcut. infiltr. Face slightly congested.

Rp. Catheteriz. Exercise. Reduced fluid.

4/1-28: Feels much better, buzz. now rare, ÷ giddn.

v $\frac{20{,}00}{20{,}00}$ a_1M (15) $\frac{15}{15}$ a_1A (40) $\frac{40}{45}$ Li $\frac{24}{24}$ Ls $\frac{18000}{18000}$

22/2: v $\frac{20{,}00}{20{,}00}$ a_1M (15) $\frac{15}{14}$ a_1A (40) $\frac{37}{37}$ Li $\frac{15}{15}$ Ls $\frac{17000}{17000}$ Inconsiderable buzz.

Lost 3 kilos in weight, feels perfectly well.

No. 119. M. born 1876.

Mother died when 48 after abdom. operation. Father died when 72, had suff. from cough for 40—50 years. Two of pt.'s sisters committed suicide; a sister in a lunatic asylum; a brother chr. bronchitis, a sister very stout.

Has never had pains in ears or discharge. Is very nervous, easily sheds tears, has been treated for neurasthenia several times. + rheumatism in shoulders and legs. ÷ asthma. ÷ urticaria. ÷ chilliness. Inclined to sneeze, ÷ cold in head. Attacks of giddn. for about 25 years, so severe that he may fall down. Was once taken to hospital. Nausea and vomit., which appear esp. towards close of attack. Attacks last from 30 mins. to several hours, with interval of months.

Sometimes ringing in his ears, mostly on l., this never during attacks, esp. not at their commencement. Headache after attacks, not otherwise. Several years ago so deaf on l. ear that he could not hear in telephone with that ear; hearing now all right again on both ears.

Adm. Mun. Hosp. Ear Deptm. 24/11-27. Height 171. Weight 71,7. Bloodpr. 115.

Auris d.: Membr. much retracted, dull, atrophied.

Aur. s.: Membr. much retracted, lower part lying close against labyrinthal wall. Calcar. deposit along edge.

Cav. nasi: Irregular sept. deviat.

$$v\ \frac{20\,00}{20,00}\ a_1M\ \frac{16}{13}\ a_1A\ \frac{30}{24}\ Li\ \frac{23}{26}\ Ls\ \frac{15000}{14000}$$ ÷ buzz. ÷ sp. nyst. Headbend. to r. and l. ÷.

10 rot. $\frac{\rightarrow 30''}{\leftarrow 40''}$ After amylnitr. pt. gets much excited, shouts, convulsive movements. During flush ↻, during fading ↺. ÷ subcut. infiltr. Face congested.

25/11: $$v\ \frac{20,00}{20,00}\ a_1M\ \frac{13}{9}\ a_1A\ \frac{44}{30}\ Li\ \frac{23}{23}\ Ls\ \frac{16000}{16000}$$ ÷ buzz.

28/11: Rp. Diet with reduced salt.

29/11: $$v\ \frac{20,00}{14,00}\ a_1M\ \frac{8}{11}\rangle\ a_1A\ \frac{38}{29}\ Li\ \frac{21}{90}\ Ls\ \frac{17000}{16000}$$

As yesterday impermeable l. sided stenosis.

1/12: Small attack of giddn. after catheteriz., which passes on l. but not on r. side.

6/12: $$v\ \frac{20,00}{20,00}\ a_1M\ (15)\ \frac{13}{13}\rangle\ a_1A\ (40)\ \frac{35}{30}\ Li\ \frac{24}{36}\ Ls\ \frac{16000}{16000}$$ ÷ buzz.

Rp. Gymnastics.

12/12: $$v\ \frac{20,00}{20,00}\ a_1M\ (15)\ \frac{11}{11}\rangle\ a_1A\ (40)\ \frac{32}{36}\ Li\ \frac{23}{70}$$ Weight 70,5. Discharged.

30/12: $v\frac{20,00}{20,00}\ a_1M\ (15)\frac{11}{11}\rangle\ a_1A\ (40)\ \frac{41}{29}\ Li\ \frac{24}{110}\ Ls\ \frac{17000}{17000}$ ÷ buzz., l. tubal stenosis.

3/4: $v\frac{20,00}{20,00}\ a_1M\ (15)\frac{11}{11}\rangle\ a_1A\ (40)\ \frac{34}{31}\ Li\ \frac{24}{24}\ Ls\ \frac{16000}{15000}$ ÷ buzz. ÷ giddiness.

No. 120. F. born 1907.

A brother suffers from otitis med.

Had scrophula when 7 years old, always anemia and very nervous. Rheumatism in arms now and again. ÷ chilliness, ÷ asthma, ÷ urticaria. ÷ gastro-intest. trouble.

Slight attacks of giddn. for several years; during these attacks obliged to sit down a moment. Last one a week ago, there was then also pain in l. ear. ÷ discharge. At same time buzz. in l. ear, this is still present. ÷ nausea, but has vomited three times during last 2 days. Often l. sided headache in forehead and nape of neck.

Adm. Mun. Hosp. Ear Dept. 17/4-28. Pt. is pale and thin. Aures: Normal. ÷ sp. nyst.

19/4: $v\frac{20,00}{20,00}\ a_1M\ (15)\frac{12}{11}\ a_1A\ (40)\ \frac{41}{27}\ Ls\ \frac{16000}{16000}\ Li\frac{*}{*}$ (*declares to hear unstruck fork). ÷ buzz. Sp. nyst., ⟲ stronger on bend. head to r. Amylnitr. during flush: ⟲.

Feels perfectly well. Discharged.

No. 121. M. born 1853.

Mother and mother's sister very deaf.

Catarrh of stomach for many years; keeps diet. Rheumatism for many years. Drinks great quantities of sodawater. 20 years ago asthma, which lasted about 12 months. Has suff. from gravel in the urine and has once passed a stone, no kidney sympt. for several years. ÷ urticaria. ÷ vasomot. rhinit. Never discharge from ears or pain.

Twenty years ago a series of attacks of giddn. accomp. by vomit coincident with attacks of asthma, since then quite free from giddn. until 2 months ago, when a new attack appeared. Since several, appearing about twice a week, lasting from 2 to 24 hours. Tendency to fall to l. Vomit. at same time.

Last 2 attacks introduced by buzz. in r. ear; no buzz. prior to this.

Hearing bad on r. ear during last 2 months; has not noticed that hearing varies.

Adm. Mun. Hosp. Ear Dept. 14/12-27. Height 175. Weight 103,2. Bloodpr. 115. Pale and fat, muscles flabby, much subcut. infiltr. Bronchitis and emphysema.

Aures: Retract.

$$v\frac{0,15}{\quad}\ a_1M\ (15)\frac{5}{10}\ a_1A\ (40)\ \frac{11}{28}\ Li\ \frac{90}{26}\ Ls\ \frac{9500}{12500}$$

Sp. nyst. ⇄. Calor. (18°) $\frac{\searrow \div \text{reversal}}{15 \leftrightarrows + \text{reversal}}$ 5 rot. $\frac{\rightarrow \text{(sp. nyst.)}}{\leftarrow 10''}$

Urine: 0,5 % sugar. Blood sugar: 0,88. Ophthalmoscopy normal.

17/12: Rp. Diet with reduced salt and fluid.

21/12: Lumb. punct.: Cells 2—3/3, alb. 9, glob. 0. W. R. ÷.

27/12: Salyrgan expm. No. 24. (Vol. I, pag. 51).

28/12: Sp. nyst. ⇆, headbend. to r. ⇆, to l. ⇆.
Compr. in ext. meatus ÷, amylnitr. slightly increased ⇆. ÷ buzz.

30/12: v $\frac{aa}{20,00}$ a_1M (15) $\frac{5}{9}$ a_1A (40) $\frac{22}{35}$ Li $\frac{24}{16}$ Ls $\frac{13000}{16000}$ ÷ buzz. ÷ sp. nyst.

31/12: Weight 98,2. Discharged as he does not wish to diminish his intake of fluids.

3/1: Increased 4 kilos in 3 days; giddy again.

No. 122. F. born 1888.

Family healthy. — Health formerly good. Brief attack of pain in l. ear 3 years ago. ÷ discharge. Since then now and then pricking pains and transitory deafness. Deafness increased during last 6 months; believes she is now totally deaf on l. ear. In same periods varying l. sided buzz. 2 attacks of giddn. this week, first lasting 12 hours, second only some minutes; at same time nausea and tendency to fall, but cannot give any detailed account.
Mun. Hosp. Ear Policl. 28/2-28.
Sp. nyst. ⇄. Amylnitr. no nyst. during flush but violent ↙ ⇆ during fading; pt. perspiring, very pale.
Adm. Ear Dept. 5/3-28. Height 165. Weight 69,6. Bloodpr. 130.
Auris d.: Distinct retract. Auris s.: Slight retract. and atrophy.

v $\frac{18,00}{0}$ a_1M (15) $\frac{8}{8}$ a_1A (40) $\frac{38}{7}$ Li $\frac{16}{24}$ Ls $\frac{18000}{15500}$ 5 rot. $\frac{\rightarrow 55''}{\leftarrow 28''}$

Hardly any subcut. infiltr.

7/3: Lumb. punct.: Cells 0—1/3, alb. 5, glob. 0. W. R. ÷.
Rp. Diet with reduced salt and fluid (500 gr).

9/3: Salyrgan expm. No. 44. (Vol. I, pag. 59).

14/3: v $\frac{}{0,20—1,50}$ a_1M (15) $\frac{9}{9}$ a_1A (40) $\frac{27}{15}$ Li $\frac{15}{26}$ Ls $\frac{15000}{14000}$
Rp. Scotch douche. Gymnastics.

26/3: v $\frac{20,00}{0,50—2,00}$ a_1M (15) $\frac{11}{8}$ a_1A (40) $\frac{32}{16}$ Li $\frac{15}{23}$ Ls $\frac{16000}{15000}$
÷ buzz. Weight 68,5.

28/3: Salyrgan expm. No. 25. (Vol. I, pag. 52).

31/3: $v\,\frac{20,00}{20,00}\,a_1M\ (15)\,\frac{15}{15}\,a_1A\ (40)\,\frac{40}{30}\,Li\,\frac{15}{20}\,Ls\,\frac{16000}{16000}$ ÷ buzz.

4/4: $v\,\frac{20,00}{20,00}\,a_1M\ (15)\,\frac{15}{15}\,a_1A\ (40)\,\frac{42}{30}\,Li\,\frac{15}{16}\,Ls\,\frac{16000}{16000}$ Discharged.

25/4: Severe cold in head with fever. Slight buzz. on l. ear.

$v\,\frac{20,00}{3,00}\,a_1M\ (15)\,\frac{10}{10}\,a_1A\ (40)\,\frac{27}{12}\,Li\,\frac{15}{32}\,Ls\,\frac{16000}{15000}$

15/6: $v\,\frac{20,00}{3,00}\,a_1M\ (15)\,\frac{10}{8}\,a_1A\ (40)\,\frac{30}{12}\,Li\,\frac{15}{24}$ + slight l. sided buzz.

No. 123. F. born 1899.

Mother died after childbirth. Father diabetes from age of 40 No. 3 of 4 children of whom one operated on for otitis med.

Healthy as child excepting for angina and broken chilblains. 2 years ago doublesided frontal sinuitis; since often watery cold in head accomp. by sneezing. Frequent attacks of angina but not during last 5 years; very chilly. No gastro-intest. trouble. ÷ headache.

Never any ear trouble. A year ago 2 attacks of giddn. with a month between; obliged to lie down for a couple of hours. Since yesterday morning giddy, as soon as she turns head to l. or bends down. Never buzz.; hearing good.

Adm. Mun. Hosp. Ear Dept. 21/4-28. Height 166. Weight 76,25. Bloodpr. 105. Face ruddy, a little puffy. Reddish cyanosis of upper arm and crura, with large, tender subcut. infiltr., also on nape of neck and abdomen. Striae on the outside of the thighs.

Aures: Normal.

$v\,\frac{20,00}{20,00}\,a_1M\ (15)\,\frac{12\,½}{10}\,a_1A\ (40)\,\frac{36}{27}\,Li\,\frac{15}{15}\,Ls\,\frac{16000}{16000}$

÷ sp. nyst. Head bend. to l. strong ⤳. Bend. to r. ÷.

26/4: Amylnitr. ⥁, stronger on head bend. to l.
Rp. Diet with reduced salt and fluid. Gymnastics.

2/5: Sp. nyst. ⥁. Head bend. to r.: ⤳.

8/5: ÷ giddn. Weight 74,8. Rp. Scotch douche.

10/5: Amylnitr. ⥁.

25/5: $v\,\frac{20,00}{20,00}\,a_1M\ (15)\,\frac{10}{10}\,a_1A\ (40)\,\frac{40}{30}\,Li\,\frac{15}{15}$ Weight 73,5. Discharged.

No. 124. M. born 1876.

Parents and 9 children healthy.

Pleurisy when 18 and was then stone deaf for a week. Deaf again for a time when about 30; since then hearing variable on both ears; at times

stone deaf. Polypi removed from nose 3 times during last 10 years. A year ago operated on for deviation of septum. Now and then vasomot. rhinit. Somewhat short-breathed but never asthma, ÷ urticaria, + rheumatism, + chilliness. Stomach trouble for many years; avoids coarse food. Operated on 2 years ago for bilat. hernia. Bilat. buzz. for many years. During last 10 years several attacks of giddn. and unsteadiness; afraid to turn his head quickly as he then has sensat. of falling. Giddn. increased during last year. Thinks catheteriz. does good. Adm. Mun. Hosp. Dept. II (med.) 3/11—28/11-27 under observation for tub. pulm.; only chronic pleuritis was found. Pirquet +.

Lumb. punct.: cells 1/7, alb. 10, glob. 1.

Ear Policl. 19/4-28. Height 162. Weight 77,5. Bloodpr. 165. Congested.

Aures: Maximal retraction, membr. dull, thickened.

$$v\ \frac{20{,}00}{5{,}00}\ a_1M\ (15)\ \frac{11}{12}\ a_1A\ (40)\ \frac{32}{25}\ Li\ \frac{22}{36}\ Ls\ \frac{13000}{14000}$$ Buzz. on l. side.

Sp. nyst. ⇆. Amylnitr. ⇆.

L. sided tubal stenosis.

7/6: $$v\ \frac{3{,}00}{0{,}50}\ a_1M\ (15)\ \frac{10}{8}\ a_1A\ (40)\ \frac{24}{24}\ Li\ \frac{24}{36}\ Ls\ \frac{13000}{14000}$$ Buzz. on r. side.

Sp. nyst. ⇄.

21/6: $$v\ \frac{8{,}0—12{,}0}{0{,}50}\ a_1M\ \frac{15}{13}\ a_1A\ \frac{37}{29}\ Li\ \frac{32}{36}\ Ls\ \frac{13000}{12000}$$ Buzz. on both sides, stenosis on both sides. Rp. Reduced fluid.

No. 125. F. born 1887.

Always sickly since diphtheria with mb. cordis when 9; no cardiac trouble at present. When 15 paralysis of r. leg and arm for about 3 weeks.

Attack of giddn. with tendency to fall to r. 4 days ago; cannot lie on r. side. Almost const. giddn. ever since; at same time vomit. and diarrhoea. Feels pressure on crown of head. No buzz. in ears, hearing good.

Adm. Mun. Hosp. Ear Dept. 14/3-28. Height 155. Weight 49. Hemoglb. 89 %.

Aures: Membr. considerably retracted, atrophied with fibrous streaks most pronounced on r.

Back posture ÷. Head bend. to r. ⇆, to l. side ⇄.

$$v\ \frac{>3{,}00}{>3{,}00}\ a_1M\ (15)\ \frac{8}{11}\ a_1A\ (40)\ \frac{25}{35}\ Li\ \frac{24}{22}\ Ls\ \frac{\div M}{12000}$$

Stet. cord.: Boundaries dilatated. Systolic murmur. Action regular. Bloodpr. 130. Pt. is slight, thin. Large tender, subcut. infiltr. on crura. ÷ oedema.

19/3: Giddn. decreasing. Rp. Diet with reduced salt and fluid.

11/4: $$v\ \frac{4{,}0—10{,}00}{10{,}0—15{,}00}\ a_1M\ (15)\ \frac{9}{11}\ a_1A\ (40)\ \frac{28}{38}\ Li\ \frac{24}{22}\ Ls\ \frac{14000}{14000}$$ Weight 49,2.

17/4: v $\frac{10,00}{20,00}$ a_1M (15) $\frac{10}{10}$ a_1A (40) $\frac{24}{34}$ Li $\frac{21}{19}$ Ls $\frac{14000}{14000}$ Weight 49,5.

Discharged.

No. 126. M. born 1878.

Family healthy. — Formerly health good. Never discharge from ear or pain. 6 months ago bilat. buzz., diminished hearing on l. ear and attacks of giddn. Treated with catheteriz., after which symptoms soon disapp. Three weeks ago attack again, lasting an hour, accomp. by nausea and vomit. Since then unable to work as he feels unsteady and every day has short attacks lasting from 5 to 10 mins. during which everything rotates. Simult. paresis of both hands. ÷ headache. Deaf on l. ear. Feet often cold. ÷ asthma, ÷ vasomot. rhinit., ÷ bronchitis, ÷ rheumatism. Inclined to diarrhoea.
Transf. to Mun. Hosp. Ear Dept. 16/6-28 from Dept. III (med.) where adm. 9/6. In Dept. III sugar was found in the urine. Blood sugar 12/6: 0,24; 15/6: 0,110. Stet. cord. Soft systolic murmur at apex. No accent. of P 2. Bloodpr. 155. W. R. ÷.
Diuresis sparing.

Height 158. Weight 66,5. Bloodpr. 155.
Aur. d.: Normal. Aur. s.: Slight retract. membr. dull.

v $\frac{20,00}{0,50}$ a_1M (15) $\frac{12}{9}$ a_1A (40) $\frac{40}{25}$ Li $\frac{15}{15}$ Ls $\frac{18000}{17000}$ Buzz. on l. ear. Erect posture ÷? L. side posture ⇄.
Face congested, ÷ subcut. infiltr.

17/6: v $\frac{20,00}{1,00}$ a_1M (15) $\frac{9}{9}$ a_1A (40) $\frac{40}{25}$ Li $\frac{15}{15}$ Ls $\frac{18000}{17000}$ Buzz. and pressure on l. ear.

To-day again ⇄; head bend. to l. ⇄.
Compr. of carotis and tragus, compr. and aspir. in ext. meatus ÷.

6 rot. $\frac{\rightarrow 22''}{\leftarrow 21''}$ Rp. Scotch douche. Gymnastics.

20/6: v $\frac{20,00}{4,00}$ a_1M (15) $\frac{10}{10}$ a_1A (40) $\frac{45}{30}$ Li $\frac{15}{15}$ Ls $\frac{18000}{18000}$

23/6: v $\frac{20,00}{8,0—20,00}$ a_1M $\frac{13}{14}$ a_1A $\frac{53}{44}$ Li $\frac{15}{15}$ Ls $\frac{18000}{18000}$ Buzz. on l. side.

30/6: v $\frac{20,00}{0,50}$ a_1M $\frac{15}{21}$ a_1A $\frac{50}{21}$ Li $\frac{15}{65}$ Ls $\frac{18000}{18000}$ Buzz. and pressure on l. ear.

Acoust. exam. unaltered 10 mins. after catheteriz.

3/7: v $\frac{20,00}{1,0—10,00}$ a_1M $\frac{17}{16}$ a_1A $\frac{60}{27}$ Li $\frac{15}{24}$ Buzz. on l. side.

7/7: $v\ \frac{20{,}00}{0{,}5—2{,}00}\ a_1M\ \frac{16}{16}\ a_1A\ \frac{60}{19}\ Li\ \frac{15}{36}$ Buzz. on l. side.
Sp. nyst. ⇄.

10/7: Salyrgan expm. No. 26. (Vol. I, pag. 52).

17/7: Relieved from headache since inj. of salyrgan.

19/7: $v\ \frac{20{,}00}{6{,}00}\ a_1M\ \frac{15}{15}\ a_1A\ \frac{45}{20}\ Li\ \frac{15}{36}\ Ls\ \frac{18000}{16000}$
Weight 64,6. Urine normal from 21/6.

Discharged.

No. 127. F. born 1898.

Mother died from diabetes and abdom. inflammation. Only brother died of tub. pulm. Father still living, rheumatic; apoplectic fit when 32 years old. Pt.'s only child died from miliar tuberculosis. Much tubercl. in family.

Bilat. suppuration from ears when a child, disappearing when about 14; suppuration again from l. ear when 24, lasting a couple of years.

During last years number of nervous complaints; memory bad, whole body feels cold, very chilly, headache in temples and pressure over root of nose, frequent running colds in head with sneezing. + obstip. Her legs swell previous to menses, which are regl. Now and then buzz. in head, ÷ asthma, ÷ urticaria, ÷ bronchitis.

Attack of giddn. a month before coming to hospital and again 3 days ago; unable to stand upright, ÷ vomit. Yesterday and to-day constant giddn.; afraid to turn her head, frequent, vomit. ÷ buzz. Has not remarked anything wrong with hearing beyond it's being bad when she has a cold. Adm. Mun. Hosp. Ear Deptm. 7/3-28. Height 154. Weight 59,3. Bloodpr. 110. Auris d.: Fibrous area posteriorly. Auris s.: Membr. pale with large, marginal, kidney shaped perforat. in lower part.
Back posture ÷, in side postures ↙.
Large, very tender, subcut. infiltr. on crura, lesser ones on femora and upper arm.
Lumb. punct.: Cells 4—5/3, alb. 5 (6), glob. 0.

8/3: Sp. nyst. on headbending to l. ⇀; on headbending to r. ↙.

$$v\ \frac{20{,}00}{20{,}00}\ a_1M\ (15)\ \frac{12}{16}\ a_1A\ (40)\ \frac{32}{15}\ Li\ \frac{21}{90}\ Ls\ \frac{15000}{16000}$$

9/3: Salyrgan expm. No. 61. (Vol. I, pag. 66).

10/3: Rp. Diet with reduced salt and fluid. Massage. Gymnastics.

14/3: $v\ \frac{20{,}00}{20{,}00}\ a_1M\ (15)\ \frac{16}{16}\ a_1A\ (40)\ \frac{35}{25}\ Li\ \frac{15}{30}$ Slight buzz. in head.

16/3: Less giddy, head feels lighter, hardly any buzz.

26/3: Salyrgan expm. No. 62. (Vol. I, pag. 67).

2/4: $v\frac{20{,}00}{20{,}00}a_1M\ (15)\frac{22}{24}a_1A\ (40)\frac{42}{35}Li\frac{15}{15}Ls\frac{16000}{16000}$ Weight: 59.

Discharged.

No. 128. F. born 1889,

Several cases of otitis in family. 3 sisters of mother very stout.

L. sided suppurat. from ear when a child, resulting from injury with a hairpin. Suppurat. ceased when about 7 or 8 years old. Influenza 10 years ago, after which again suppuration from l. ear lasting 1 ½ year. Operated on 13 years ago for »internal hemorrhage». 6—7 years ago operated on for salpingitis. 4 years ago excochl. uteri. Menses reglr. Rheumatism many years ago in back, since flying rheumatism now and again. Keeps purée diet for slight pressure in stomach. Chilly; hands and feet cold. Very nervous. ÷ vasomot. rhinitis. ÷ asthma, ÷ urticaria. Slight intake of salt and fluids.

Last 6 months pressure in head and ears, slight ringing noise in l. ear. Giddy when she leans her head to l. or bends forw.; nausea and vomiting now and then in the morning. Considers her hearing good.

Adm. Mun. Hosp. Ear Dept. 15/3-28. Height 160. Weight 76,5. Face puffy. Very large, tender subcut. infiltr. on crura and brachia where skin is bluish red.

Aur. d.: Retract. membr. with slight scars, calcar. deposits.

Lively ⇄ indept. of head postures. Unaltered by amylnitr.

$v\frac{20{,}00}{20{,}00}a_1M\ (15)\frac{15}{6}a_1A\ (40)\frac{30}{17}Li\frac{18}{20}Ls\frac{19000}{16000}$ Rp. Massage.

19/3: $v\frac{20{,}00}{20{,}00}a_1M\ (15)\frac{10}{6}a_1A\ (40)\frac{37}{26}Li\frac{18}{20}Ls\frac{16000}{15000}$

Rp. Diet with reduced salt and fluid. Scotch douche.

26/3: Salyrgan expm. No. 63. (Vol. I, pag. 67).

10/4: Salyrgan expm. No. 64. (Vol. I, pag. 68).

12/4: $v\frac{20{,}00}{20{,}00}a_1M\ (15)\frac{12}{15}a_1A\ (40)\frac{37}{36}Li\frac{15}{15}$

14/4: Discharged.

No. 129. M. born 1876.

Mother always delicate, died when 72. Father rheum. fever 4 times, died when 62. No. 2 of 7 children of whom 5 besides pt. suffer from buzz., but never have discharge. Scarlatina and urticaria as a child. Never could swing or ride in roundabout as she became seasick. »Eczema» on the head for many years. Giddy when cold water is thrown over his head or when he in cold weather goes without a hat. + cold feet, ÷ vasomotor. rhinit.

Nose stopped in the morning. Drinks a great deal of water and coffee. Perspires with difficulty. + obstipat.

Since 20 pt. often had his ears syringed on account of bad hearing. Esp. for last 7 years varying bilat. deafness. Not observed that it varies during 24 hours. Now and then hears better after making Valsalva's experiment. Very varying buzz. during same period, also attacks of giddn., which appear esp. in the mornings just after he has got up; he then feels nausea and vomits. Gait at these times staggering. Not been able to bicycle for last 10 or 12 years, as he feels as if he would fall on his nose.
Mun. Hosp. Ear at Policl. 17/2-28.
Aur. d.: Slight inject. along manubr. Aur. s.: Normal.
÷ sp. nyst. Amylnitr.: ↼.
Adm. Ear Dept. 5/3-28. Height 164. Weight 67,9.

$$v\ \frac{1,00}{3,00}\ a_1M\ (15)\ \frac{3}{5}\ a_1A\ (40)\ \frac{14}{26}\ Li\ \frac{22}{24}\ Ls\ \frac{13000}{13000}$$ Bilat. buzz. ÷ sp. nyst.

5 rot. $\frac{\rightarrow 24}{\leftarrow 26}$ Rp. Diet. with reduced salt and fluid.

8/3: $v\ \frac{10,00}{20,00}\ a_1M\ (15)\ \frac{5}{2}\ a_1A\ (40)\ \frac{18}{29}\ Li\ \frac{15}{24}\ Ls\ \frac{15000}{13000}$ + bilat. buzz.

10/3: $v\ \frac{20,00}{20,00}\ a_1M\ (15)\ \frac{8}{8}\ a_1A\ (40)\ \frac{26}{33}\ Li\ \frac{15}{15}\ Ls\ \frac{13000}{13000}$ + bilat. buzz.

Weight 69,5. Rp. Diet with reduced salt and fluid.

12/3: Lumb. punct.: Cells 5—6/3, alb. 11 (12?), glob. 0. W. R. ÷.

13/3: Feels better. Head less heavy.

Attack of giddn. when pt. got up. Back posture ÷. Head bend. to l. ⇝. Head bending to r. ÷. On rising ←, perhaps also ⇝.

15/3: Increasing buzz. and pressure in ears. Weight 66,1.

$$v\ \frac{6,0—20,00}{8,0—20,00}\ a_1M\ (15)\ \frac{7}{7}\ a_1A\ (40)\ \frac{20}{25}\ Li\ \frac{36}{22}\ Ls\ \frac{13000}{13000}$$

Rp. Scotch douche. Gymnastics.

20/3: Headache since lumb. punct.

23/3: $v\ \frac{20,00}{20,00}\ a_1M\ (15)\ \frac{10}{7}\ a_1A\ (40)\ \frac{18}{30}\ Li\ \frac{26}{19}\ Ls\ \frac{13000}{13000}$ Bilat. buzz. ÷ sp. nyst.

Rp. Catheteriz.

27/3: Headache almost gone. Bilat. buzz. in morning, disapp. in course of day; hearing then clears up.

$$v\ \frac{20,00}{20,00}\ a_1M\ (15)\ \frac{12}{12}\ a_1A\ (40)\ \frac{31}{30}\ Li\ \frac{15}{15}\ Ls\ \frac{15000}{14000}$$ Weight 64,7.

Discharged

17/7: Feels well.

No. 130. M. born 1882.

Healthy family.

When 14 headache and anemia, was taken away from school. No headache since. Rheum. fever (?) several years ago, ÷ rheumatism, ÷ vasomotor rhinit., ÷ asthma, ÷ chilliness.

1915 bilat. buzz. and deafness, 1916 treated with catheteriz. without result.

13/6-16: $v\frac{0,20}{0,20}$ *6/7* $v\frac{0,20}{0,20}$

In the course of years hearing on l. ear somewhat decreased, but has improved very much on r. Since 1921 attacks of giddn., during which he vomits, is pale and perspires, has to be helped into bed. Attacks last a couple of hours, come at intervals of months. During last fortnight several smaller attacks daily, lasting from 3 to 4 mins. and accomp. by nausea; for the last 3 days const. giddn. and buzz. in ears.

Mun. Hosp. Ear Policl. 20/6-28.

Aures: Normal.

÷ sp. nyst. in the various head postures. Amylnitr. ⇆, both during flush and fading: ÷. Compr. and aspir. in ext. meatus ÷.

$$v\frac{0}{15,00—20,00}\,V\frac{0,50}{Bá}\,a_1M\frac{10}{14}\,a_1A\frac{0}{51}\,Li\frac{>150}{15}\,Ls\frac{\div M}{8000}$$

÷ subcut. infiltr.

Adm. Ear Dept. 24/6-28. Height 178. Weight 82,4. W. R. ÷. Bloodpr. 100. L. pupil > r. No patellar reflexes.

Lumb. punct.: Cells 2—3/3, alb. 8, glob. 0 (1?). W. R. ÷.

25/6: Sp. nyst. ⇄. Calor. (18°) $\frac{+\text{ nyst. }+\text{ reversal}}{+\text{ nyst. }+\text{ reversal}}$

26/6: R. side posture ⇄. L. side posture slow phase to r., also seen in back posture.

27/6: Headache after lumb. punct.

Salyrgan expm. No. 65. (Vol. I, pag. 68).

5/7: $v\frac{0}{20,00}\,V\frac{0}{-}\,a_1M\frac{8}{10}\,a_1A\frac{0}{42}\,Li\frac{>150}{15}\,Ls\frac{\div M}{15000}$

Rp. Scotch douche. Gymnastics.

8/7: $v\frac{0}{20,00}\,V\frac{aa}{Bá}\,a_1M\frac{8}{14}\,a_1A\frac{6}{47}\,Li\frac{>150}{15}\,Ls\frac{\div M}{15000}$ Sp. nyst. ⇄.

10/7: Discharged.

No. 131. M. born 1888.

Healthy family. — Intestinal catarrh 20 years ago; suffers from piles, had fissura ani 5 years ago. A little rheumatism in knee in winter. For-

merly cold hands and feet, but not at present. Now and then epistaxis in hot summer weather. ÷ vasomotor rhinit., ÷ urticaria, ÷ asthma. Small intake of fluids.

During last 6 months about 10 attacks of giddn. at same time motion, great perspiration, throat feels dry, whole body trembles, creeping sensat. in arms, not actually paralysed, is perfectly clear. ÷ vomit., ÷ nausea, + headache during attack.

÷ buzz., believes his hearing is good. Feels well in between attacks.

Adm. Mun. Hosp. Dept. VI 29/5-28. Ear Policl. 2/6-28.

Aures: Cerumen. After syringing nothing abnorm. Sp. nyst. ↼.

6/6: R. side posture dubious ↼. L. side posture ÷, upright posture dubious ⇄.

$$v\,\frac{3{,}00}{3{,}00}\,a_1M\,\frac{9}{10}\,a_1A\,\frac{30}{40}\,Li\,\frac{17}{15}\,Ls\,\frac{15000}{15000}$$

26/6: Piping sound in both ears during last days.

$$v\,\frac{6{,}00}{2{,}00}\,a_1M\,\frac{13}{11}\,a_1A\,\frac{40}{45}\,Li\,\frac{18}{35}\,Ls\,\frac{15000}{15000}$$

÷ sp. nyst. 5 rot. $\frac{\rightarrow 37''}{\leftarrow 38''}$

Transf. to Ear Dept. 27/6-28 under diagn.: Hemicrania larvata? Myopia excessiva. Maculæ corneæ. Labyrinthitis dpl.

Height 168. Weight 77,3. Slight subcut. infiltr. on crura. Buzz. in l. ear. Urine + sugar.

30/6: Declares his hearing is better.

$$v\,\frac{20{,}00}{6{,}00}\,a_1M\,\frac{12}{11}\,a_1A\,\frac{38}{47}\,Li\,\frac{15}{15}\,Ls\,\frac{15000}{15000}$$

÷ sp. nyst.

Blood sugar: 0,108. Bloodpr. 130.

$$v\,\frac{20{,}00}{20{,}00}\,a_1M\,\frac{14}{14}\,a_1A\,\frac{40}{52}\,Li\,\frac{15}{15}\,Ls\,\frac{15000}{15000}$$

8/7: Urine ÷ sugar. Rp. Gymnastics. Scotch douche.

13/7: $v\,\frac{20{,}00}{20{,}00}\,a_1M\,\frac{14}{14}\,a_1A\,\frac{50}{45}\,Li\,\frac{15}{15}$ Discharged.

No. 132. F. born 1876.

Father died 48 years old from tropical disease. Mother convulsions. No. 5 of 6 brothers and sisters. 1 died from cancer, another from infection. Healthy as child. Ten years ago treated with X-rays for Mb. Basedowii; there was no struma nor exophthalmus, but tachycardia and nervousness. Felt well after this treatment, until 4—5 years ago, when she began

Transf. to Mun. Hosp. Ear Dept. from Dept. VI 30/3-28 under diagn.: Pseudohermaphroditismus. Paralysis brachii sin. obstetr. Mb. Menièri. Height 184. Weight 94,4.

Large very tender subcut. infiltr. on crura, femora, abdomen and upper arms.

Aur. d.: Slight retract. Aur. s.: Membr. much retract. in front of manubr., along which hyperemic stripes. Cav. nasi: Septum deviat. to r.

$$v\ \frac{2{,}50}{0{,}75}\ a_1M\ (15)\ \frac{12}{6}\ a_1A\ (40)\ \frac{25}{16}\ Li\ \frac{26}{26}\ Ls\ \frac{13000}{\div\ M.}\ \div\ \text{sp. nyst.}$$

Amylnitrite ÷.

4/4: Salyrgan expm. No. 27. (Vol. I, pag. 52).
Rp. Diet with reduced salt and fluid (gr 600)

19/4: Salyrgan expm. No. 43. (Vol. I, pag. 59).

21/4: Rp. Scotch douche. Massage.

11/5: $v\ \frac{20{,}00}{0{,}20}\ a_1M\ (15)\ \frac{15}{10}\ a_1A\ (40)\ \frac{40}{17}\ Li\ \frac{15}{24}\ Ls\ \frac{14000}{6000}\ \div$ buzz. Weight 87,8.
Discharged.

19/5: Again attacks of giddn. and buzz. Increased 3 kilo in a week.

27/6: Again headache, giddn. and buzz. as before adm. Still increasing in weight. Drinks coffee in large quantities, 6—7 times a-day.

$$v\ \frac{20{,}00}{0{,}20}\ a_1M\ \frac{14}{9}\ a_1A\ \frac{35}{17}\ Li\ \frac{15}{30}\ Ls\ \frac{15000}{12000}$$

÷ sp. nyst. 10 rot. $\frac{\rightarrow 16}{\leftarrow 21}$ Amylnitr.: ⇆.

No. 135. M. born 1870.

Father died from dropsy. Mother died when old. 5 brothers and sisters; one died from cancer.

Eczema when conscript. 1915 pleurisy. 1918 spanish disease, without complications. 1925 nephrolithiasis, since then taken great quantities of boiled water. + vasomot. rhinit., + cold feet. ÷ asthma. ÷ urticaria. ÷ rheumatism. Not chilly. Last year much occipital headache and almost const. giddn. Balance impaired »twists his legs». ÷ nausea ÷ vomiting. Declares he hears well. No sensat. in ears. ÷ buzz.

Adm. Mun. Hosp. Dept. VI 28/8-28. Ear Policl. 2/7-28.

Aures: Membr. dull. Cav. nasi: Pus in meatus med. Diaphanoscopy: Normal. condit.

$$v\ \frac{10{,}00}{6{,}00}\ a_1M\ \frac{9}{9}\ a_1A\ \frac{47}{45}\ Li\ \frac{15}{15}\ Ls\ \frac{17000}{17000}\ \div\ \text{buzz.}$$

÷ sp. nyst. 5 rot. $\frac{\rightarrow 36''}{\leftarrow 34''}$ Amylnitr.: strong almost pure ←, disappear. during following anemic stage.

Transf. to Ear Dept. 5/7-28. Height 158. Weight 61,2. Bloodpr. 140/80. Hemoglb. 80. Ophthalmoscopy normal.
Lumb. punct.: Cells 3/3, alb. 11 (12), glob. 0.

9/7: $v\,\frac{16{,}00}{20{,}00}\,a_1M\,\frac{8}{10}\,a_1A\,\frac{37}{54}\,Li\,\frac{15}{15}\,Ls\,\frac{17000}{17000}$

Infiltr. in backhead only.

Rp. Scotch douche. Gymnastics. Diet with reduced salt and fluid.

18/7: Feels better. No headache.

19/7: Pains in r. loin.

20/7: Microscopy of urine some few leucocytes. ÷ bacteria. X-ray exam.: Large calculus in r. kidney.

$v\,\frac{20{,}00}{20{,}00}\,a_1M\,\frac{13}{13}\,a_1A\,\frac{40}{55}\,Li\,\frac{15}{15}\,Ls\,\frac{17000}{17000}$

23/7: Transf. to surgical dept. for nephrolithiasis.